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ABSTRACT

This booklet outlines the requirements of the Child Development Associate (CDA) credential for caregivers working in center-based infant and toddler day care programs. Part 1 provides an overview of the CDA credentialing system and the various options, settings, standards, and stages of the CDA assessment system. Part 2 explains the eligibility and documentation requirements. Part 3 delineates specific competency standards in the areas of: (1) safety; (2) health; (3) learning environment; (4) physical development; (5) cognitive development; (6) communicative ability; (7) creativity; (8) individual behavior; (9) socialization; (10) guidance; (11) family-school relations; (12) program management; and (13) professionalism. Part 4 contains four appendixes which provide a history of the CDA program, a glossary of CDA terms, advisory eligibility requirements, and council representative eligibility requirements. (MDM)

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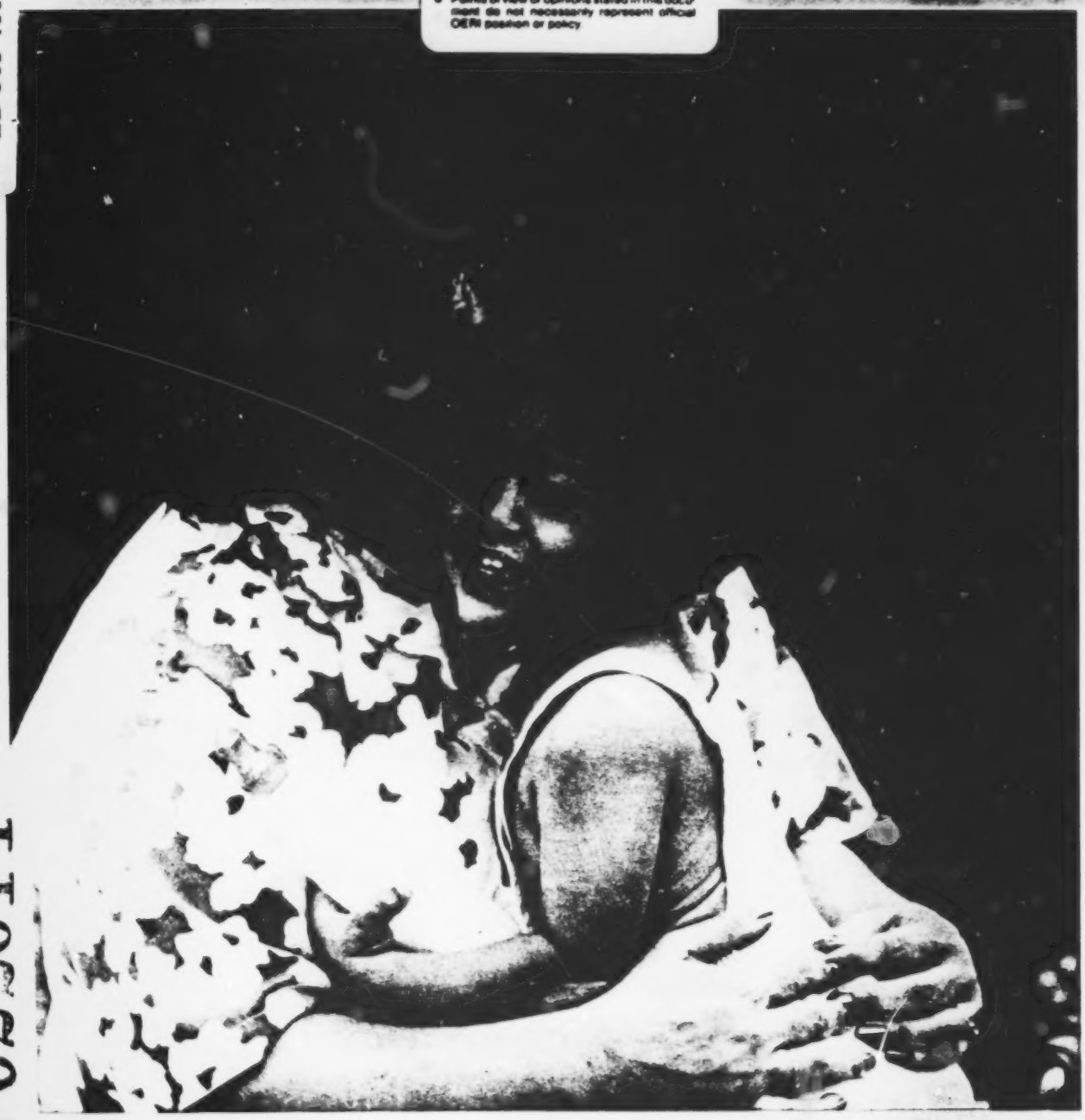

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The Child Development Associate

Assessment System and Competency Standards

Infant/Toddler Caregivers

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August 1993

The procedures described in this book are valid until September 1, 1994.

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Preface

Almost 40 percent of all mothers with children three years old and younger are employed. More than 70 percent of children whose mothers work full-time receive child care outside their own home. Increasingly, parents are choosing center-based care setting —traditionally reserved for the care of preschoolers— for their children under age 3. Care for our youngest children, however, must be regarded as a distinct kind of care not as a scaled-down version of preschool or as "just baby-sitting." The Child Development Associate (CDA) Competency Standards and Assessment System for Infant/Toddler Caregivers in Center Based Programs have been developed to support quality care for our youngest children by providing standards for training, evaluation, and recognition of infant/toddler caregivers based on their ability to meet the unique needs of this age group.

The special developmental characteristics of-very young children require that their care in a group setting be different from that of older children for several reasons:

- Physical growth and developmental changes are far more rapid between birth and 3 years than during any other period in life;

- The younger child is more dependent on the caregiver, more vulnerable to adversity, less able to cope actively with discomfort or stress from without or within, and

- Physical, social, emotional, and cognitive development are more interrelated for this age group than for older children and more dependent on a consistent relationship with an adult caregiver.

The rapidity of growth and developmental change makes it essential that infant/toddler caregivers be particularly flexible in their actions and able to adapt promptly to changing needs. Competent care of the very young and dependent infant differs from that of the toddler, who shows increasing independence and developmental sophistication through the use of symbols, language, and fantasy. Competent caregivers working with young infants promote feelings of security and trust through warm, supportive, and dependable contact with each child. Competent caregivers provide a safe, loving, readily available home base for mobile infants, supporting their growing confidence and competence. Competent caregivers provide

experiences and opportunities for toddlers that build feelings of initiative, creativity, individuality, and group-relatedness in an atmosphere of affectionate attention.

The CDA Competency Standards define the skills needed to work with children as they grow and develop through these stages. They emphasize the rapid changes that will take place during the first 3 years of life and the significance of the caregiver's personal style of relating to the child's physical, social, emotional, and cognitive development.

Caregivers working with infant and toddlers have a tremendously challenging job. Although many of their tasks are repetitive —for example, diaper changing, feeding, and cleaning— they must be attentive and responsive to each child, answering their first sounds and words, celebrating their physical achievements, encouraging them to explore their world. While establishing a strong, caring relationship with the child, the caregiver must also support family bonds. Working to meet the many changing needs of each child and the group as a whole is physically, emotionally, and intellectually demanding.

Applying for CDA assessment is a big commitment on top of this important job. However, working towards a CDA Credential can be a rewarding experience. It offers caregivers an opportunity to:

- Take a look at their own work in relation to national standards;
- Get feedback and support from people who have experience with child care and knowledge about the development of infants and toddlers;
- Improve their skills in ways that are satisfying for themselves and beneficial for children; and
- Earn a professional Credential that is recognized by early childhood educators nationwide.

PART I

"Becoming a CDA is a process that you work at, learn, and nurture until it grows from within. It is a process by which you grow as an individual and as a professional."

Overview

The Child Development Associate (CDA) National Credentialing Program is a major national effort initiated in 1971. The purpose of the program is to enhance the quality of child care by defining, evaluating, and recognizing the competence of child care providers and home visitors.

Assessment and credentialing of child care providers is administered by the Council for Early Childhood Professional Recognition (the **Council**). More than 50,000 child care providers have earned the CDA Credential since 1975, and 49 states, plus the District of Columbia, have incorporated the Credential in their child care licensing regulations.

The CDA Competency Standards, which define the skills needed by providers in specific child care settings, serve as a means for measuring the overall performance of caregivers during CDA assessment. Assessment is available to caregivers working in several settings--center-based programs serving infants and toddlers, and preschool children; family day care programs; and home visitor programs. An optional bilingual specialization is available to Candidates working in bilingual (Spanish/English) programs. A CDA Credential is awarded to a person who demonstrates competence in caring for young children by successfully completing the CDA assessment process. Figure 1 illustrates CDA assessment options, and Figure 2 describes the eligible settings for CDA assessment.

Figure 1: Options for CDA Assessment

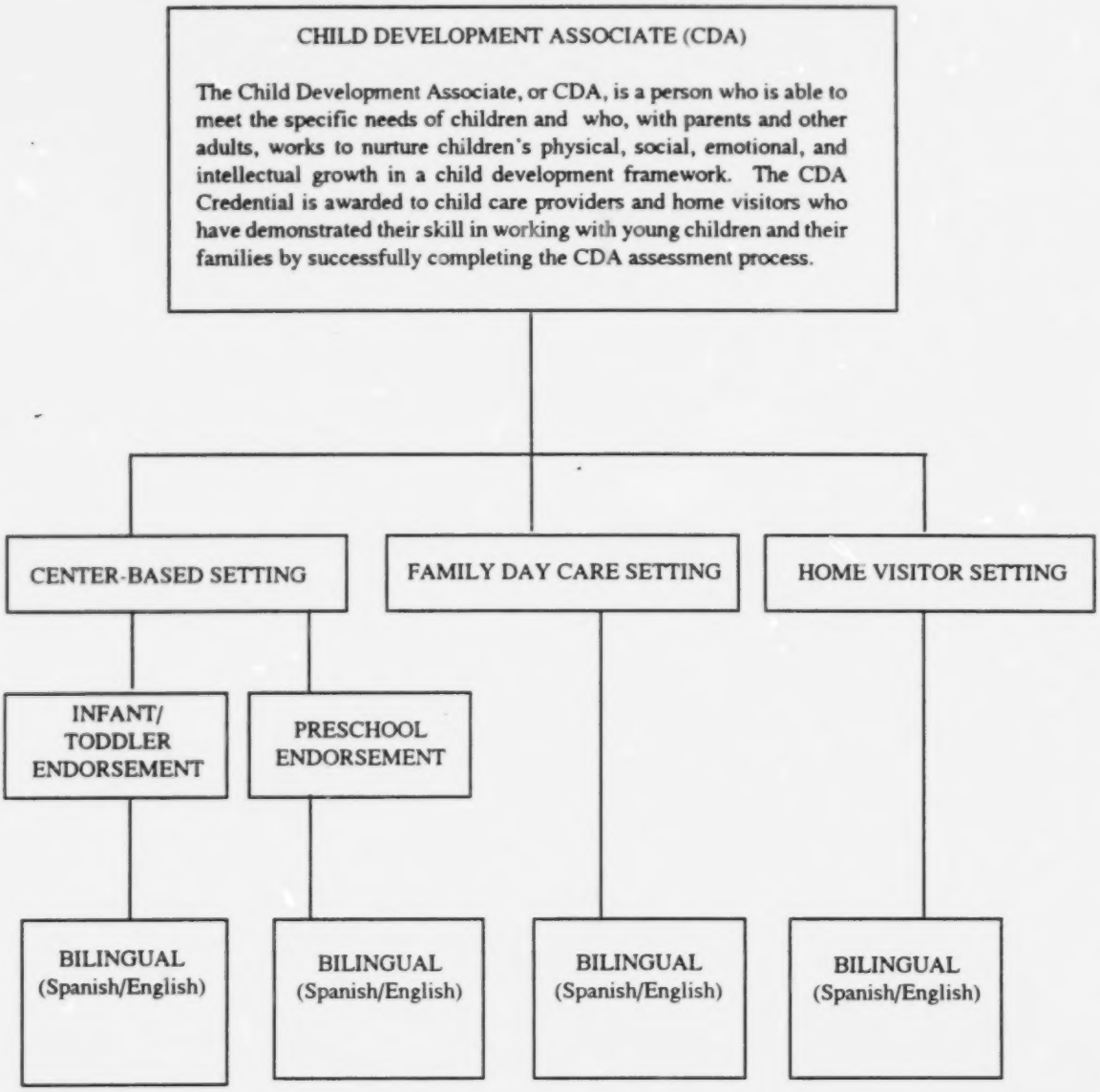

CHILD DEVELOPMENT ASSOCIATE (CDA)
The Child Development Associate, or CDA, is a person who is able to meet the specific needs of children and who, with parents and other adults, works to nurture children's physical, social, emotional, and intellectual growth in a child development framework. The CDA Credential is awarded to child care providers and home visitors who have demonstrated their skill in working with young children and their families by successfully completing the CDA assessment process.
CENTER-BASED SETTING
FAMILY DAY CARE SETTING
HOME VISITOR SETTING
INFANT/ TODDLER ENDORSEMENT
PRESCHOOL ENDORSEMENT
BILINGUAL (Spanish/English)
BILINGUAL (Spanish/English)
BILINGUAL (Spanish/English)
BILINGUAL (Spanish/English)

Figure 2: Settings for CDA Assessment

Candidates for the CDA Credential must be observed working in a "setting" that meets the criteria below. (**NOTE:** Candidates may be employed *or* work on a volunteer basis in the child care setting):

A **center-based preschool setting** is a state approved child development center where a Candidate can be observed working with a group of at least eight children, all of whom are aged 3 through 5 years. In addition, a center-based program must have: (1) at least 10 children enrolled in the program (not necessarily in the Candidate's group) and (2) at least two caregivers working with the children on a regular basis.

A **center-based infant/toddler setting** is a state approved child development center where a Candidate can be observed working with a group of at least three children, all of whom are under age 3. In addition, a center-based program must have: (1) at least 10 children enrolled in the program (not necessarily the Candidate's group) and (2) at least two caregivers working with the children on a regular basis.

A **family day care setting** is a family day care home where a Candidate can be observed working with at least two children 5 years old or younger who are not related to the Candidate by blood or marriage. The setting must meet at least the minimum level of applicable state and/or local regulations. Family day care settings are also eligible in localities where there is no regulation of family day care.

A **home visitor setting** is an established program of home visits (to families with children 5 years old or younger) that supports parents in meeting the needs of their young children. In this setting, regular home visits are the primary method of program delivery.

A **bilingual setting** is a child development program that has specific goals for achieving bilingual development in children; where two languages are consistently used in daily activities; and where parents are helped to understand the goals and to support children's bilingual development.

A **"Special Education"** child development setting -- one designed to serve children with moderate to severe special needs -- **does not qualify** as an eligible setting for CDA assessment. The CDA Competency Standards do not address the skills that caregivers need for this population of children. However, child development programs are eligible where children with special needs *are "mainstreamed," and/or comprise no more than twenty percent (20%) of the total group size.* These programs, however, must meet the other setting criteria described above.

The CDA Competency Standards

Candidates for the CDA Credential are assessed based upon the CDA Competency Standards. These national standards are the criteria used to evaluate a caregiver's performance with children and families.

The Competency Standards are divided into six **competency goals**, which are statements of a general purpose or goal for caregiver behavior. The six goals are defined in more detail in 13 **functional areas**, which describe the major tasks or functions that a caregiver must complete to carry out the competency goal.

The six competency goals are the same for all settings. However, the functional area definitions [and sample behaviors] differ according to the particular skills needed for specific child care settings and/or age groupings.

Table 1 presents the competency goals and functional areas for infant/toddler caregiver behavior in center-based settings. The complete CDA Competency Standards for Infant/Toddler Caregivers in Center-Based Settings appear in Part III of this book. Each functional area has a **developmental context**, which presents a brief overview of relevant child development principles. They also include sample behaviors and examples of caregiver skills.

Table 1: CDA Competency Goals and Functional Areas

CDA COMPETENCY GOALS	FUNCTIONAL AREAS
I. To establish and maintain a safe, healthy learning environment.	1. Safe: Candidate provides a safe environment to prevent and reduce injuries. 2. Healthy: Candidate promotes good health and nutrition and provides an environment that contributes to the prevention of illness. 3. Learning Environment: Candidate uses space, relationships, materials, and routines as resources for constructing an interesting, secure, and enjoyable environment that encourages play, exploration, and learning.
II. To advance physical and intellectual competence	4. Physical: Candidate provides a variety of equipment, activities, and opportunities to promote the physical development of children. 5. Cognitive: Candidate provides activities and opportunities that encourage curiosity, exploration, and problem solving appropriate to the developmental levels and learning styles of children. 6. Communication: Candidate actively communicates with children and provides opportunities and support for children to understand, acquire, and use verbal and nonverbal means of communicating thoughts and feelings. 7. Creative: Candidate provides opportunities that stimulate children to play with sound, rhythm, language, materials, space and ideas in individual ways and to express their creative abilities.
III. To support social and emotional development and provide positive guidance.	8. Self: Candidate provides physical and emotional security for each child and helps each child to know, accept and take pride in himself or herself and to develop a sense of independence. 9. Social: Candidate helps each child feel accepted in the group, helps children learn to communicate and get along with others, and encourages feelings of empathy and mutual respect among children and adults. 10. Guidance: Candidate provides a supportive environment in which children can begin to learn and practice appropriate and acceptable behaviors as individuals and as a group.
IV. To establish positive and productive relationships with families.	11. Families: Candidate maintains an open, friendly, and cooperative relationship with each child's family, encourages their involvement in the program, and support the child's relationship with his or her family.
V. To ensure a well-run, purposeful program responsive to participant needs.	12. Program Management: Candidate is a manager who uses all available resources to ensure an effective operation. The Candidate is a competent organizer, planner, record keeper, communicator, and a cooperative coworker.
VI. To maintain a commitment to professionalism.	13. Professionalism: Candidate makes decisions based on knowledge of early childhood theories and practices. Candidate promotes quality in child care services. Candidate takes advantage of opportunities to improve competence, both for personal and professional growth and for the benefit of children and families.

The CDA Assessment System: Direct Route

A CDA assessment is the process by which a caregiver's competence is evaluated by the Council for Early Childhood Professional Recognition (the Council). In preparation for assessment, the Candidate documents her/his skill in relation to the CDA Competency Standards. Five components make up the documentation:

1. Professional Resource File
2. Parent Opinion Questionnaires
3. Formal Observation
4. Early Childhood Studies Review
5. Oral Interview

The results are submitted to the Council for review by a committee who makes the decision whether to award the CDA Credential to the Candidate.

Stages of Assessment

There are six (6) stages in the CDA Assessment system: (1) inquiry; (2) collection of documentation by the Candidate; (3) application; (4) verification visit by the Council Representative; (5) Credential award; and (6) Credential Renewal. These stages are summarized here and explained in detail in Part II of this book.

1. ***Inquiry***

Individuals who meet all the Candidate eligibility requirements in Part II of this book and who can be observed in an eligible setting, should purchase a packet of application materials from the Council. The packet contains all the instructions and forms necessary for the next stages of assessment.

2. ***Collection of Documentation by the Candidate***

The Candidate chooses an early childhood professional —an Advisor— to collect information about the Candidate's work with young children. The Advisor conducts a formal observation, using the CDA Observation Instrument.

The Candidate distributes and collects Parent Opinion Questionnaires to determine parents' opinion of her or his work with children.

The Candidate also prepares a Professional Resource File which contains an autobiographical statement, written examples of her or his competence in each of the 6 CDA Competency Areas, and a collection of resource materials.

3. *Application*

When the collection of documentation is complete, the Candidate and Advisor sign the Direct Assessment Application Form, which the Candidate sends to the Council with the assessment fee.

4. *Verification Visit by the Council Representative*

The Council assigns a specially trained early childhood professional to administer a written examination of knowledge of good practices—the Early Childhood Studies Review. This person will conduct an oral interview with the Candidate and check the Professional Resource File, the Formal Observation, and Parent Opinion Questionnaires.

At the conclusion of the verification visit, the Council Representative will send the results to the Council in Washington, DC.

5. *Credential Award*

A committee of the Council conducts a review of the Candidate's documentation of competence and makes a decision regarding credential award. If a Credential is awarded, the official Credential is sent to the new Child Development Associate. If the committee decides the Candidate needs more training, the Council notifies the Candidate and informs her/him of appeal procedures and other subsequent options.

6. *Renewal*

A CDA Credential is valid for 3 years from the date of award, after which it may be renewed for five year periods. CDAs may renew their Credential only for the original setting, age-level endorsement, and specialization. A Credential for a different setting, endorsement, or added specialization can be earned only through a new assessment.

Pacing the Assessment

The Council schedules verification visits 4 times a year, on a quarterly system. Before preparing their documentation of competence, Candidates should decide which quarter they want to have a verification visit scheduled; then submit the Direct Assessment Application Form by the deadline for that quarter:

Verification visits to occur	*Application Date*
1st Quarter: Jan, Feb, Mar	Dec 1
2nd Quarter: Apr, May, Jun	Mar 1
3rd Quarter: Jul, Aug, Sep	June 1
4th Quarter: Oct, Nov, Dec	Sep 1

It is very important for Candidates to project the quarter for their verification visit. *The information that is submitted to document competence must be collected within 6 months prior to the time the Candidate submits the Direct Assessment Application Form.*

"Becoming a CDA is not a far-away dream

that you can't touch;

rather, it is a process that is well within

the grasp of reality."

PART II

The eligibility and documentation requirements that follow ensure that the Candidate has training and experience, and that accurate information about the Candidate's performance as a primary caregiver will be gathered during the assessment process. The Council will use the information to evaluate the Candidate's ability to meet the needs of preschool children in a child development framework.

Candidate Eligibility Requirements

The applicant must meet the following eligibility requirements and submit records as instructed on the Direct Assessment Application Form:

A. ***Personal***

1. Be 18 years old or older.
2. Hold a High School diploma or equivalent.
3. Be able to speak, read, and write well enough to fulfill the responsibilities of a CDA Candidate.
4. Sign a statement of ethical conduct.

B. ***Setting***

Identify a state-approved child development center where the Candidate can be observed *working as* ***lead caregiver*** with a group of at least 3 children, ages birth to 3 years. In addition, a center-based program must have:

(1) at least 10 children enrolled in the program (not necessarily the Candidate's group) **and**;

(2) at least two caregivers who work with the children on a regular basis.

"I have watched the growth of some of the past CDA Candidates. Their confidence and work with young children has improved tremendously since receiving their Credentials. The end result is a competent child care professional."

Mary Graves
CDA Instructor

Center-based programs include a wide variety of schedules, services, purposes, funding sources, and educational methods. Nursery school, preschool, kindergarten, child development program, day care, Head Start, lab school, and parent co-op are other names for programs that may meet the CDA requirements for a center-based setting. They may operate a few hours a day, a few days a week, or all day, 5 days a week. The daily schedule can also be a structured or unstructured one. Child care programs can also be in churches, public schools, universities, or privately owned facilities. Financing for these programs can be through parents, industry, Federal government, or state government. The program can also be for-profit or nonprofit.

The staff in a center-based program may be trained to implement specific curricula, and second language learning may be integrated into daily activities. Religious training may be emphasized, or the program may combine philosophies, methods, and materials from many different sources.

C. *Experience*

Candidates must have had, within the past 5 years, at least 480 hours of experience working with children ages birth to 3 years, in a group setting, including experience with each of the three Infant/Toddler sub-groups: Young Infants (birth-8 months), Mobile Infants (9-17 months), and Toddlers (18-36 months).

D. *Education*

Candidates must have completed, within the past five (5) years, 120 clock hours of formal child care education, covering the growth and development of children ages birth to 3 years, with no fewer than 10 hours in each of the following eight (8) subject areas. This requirement may be met through participation in the wide variety of training available in the field, including inservice and on-the-job experiences:

Subject Areas	Examples
1. Planning a safe, healthy learning environment	*Safety, first aid, health, nutrition, space planning, materials and equipment, play*
2. Steps to advance children's physical and intellectual development	*Large and small muscle, language, discovery, art, music*
3. Positive ways to support children's social and emotional development	*Self-esteem, independence, self-control, socialization*
4. Strategies to establish productive relationshps with families	*Parent involvement, home visits, conferences, referrals*
5. Strategies to manage an effective program operation	*Planning, record keeping, reporting*
6. Maintaining a commitment to professionalism	*Advocacy, ethical practices, work force issues, professional associations*
7. Observing and recording children's behavior	*Tools and strategies for objective information collection*
8. Principles of child growth and development	*Developmental milestones from birth through age 5, cultural influences on development*

All the formal education hours must be under the auspices of an agency or organization with expertise in early childhood teacher preparation. The education could be for college credit or for no credit.

Such agencies and organizations include, but are not limited to:

- 4-year colleges and universities
- 2-year junior and community colleges
- Vocational and technical schools
- Early childhood education/child care programs that sponsor training such as Head Start, U.S. Army Child and Family Services, or school districts
- Divisions of state or federal governments, or the U.S. Military Services
- Resource and referral agencies

Candidates may accumulate the hours from a single training provider, or from a combination of providers. Each agency or organization must provide verification of the Candidate's education in the form of a transcript, certificate, or letter. It is the Candidate's responsibility to supplement the verification by citing the number of clock hours completed in each required area of study on the Direct Assessment Application Form.

Bilingual Specialization

In addition to the requirements above, applicants for bilingual specialization must meet two further requirements: (1) work in a bilingual program and (2) have a working knowledge of two languages.

There is no one model of bilingual education that a Candidate for the CDA bilingual specialization should follow. A competent Candidate is knowledgeable about the development of language, bilingual communication, and the integration of culture and language. The bilingual program setting should have specific program goals for achieving bilingual development, and Candidates should implement them through consistent, daily opportunities for children to build on their first language and culture and to learn the second language. This can include programs where children who speak English are learning a second language.

A working knowledge of two languages means the ability to speak, read, and write well enough to understand others and to be understood by others. In Bilingual Specialization Assessments, one of the skills being assessed is the Candidate's ability to consistently use both languages in daily activities.

At this time, the bilingual specialization is available only to caregivers in bilingual Spanish/English programs. However, groups or individuals interested in a bilingual specialization in other languages should contact the Council to discuss the possibility.

Monolingual Assessments

Under special circumstances, Candidates may request a monolingual assessment in Spanish. Such are Candidates who work as primary caregivers with a group of children where they serve as the role model for the Spanish language, and consistently conduct daily activities using solely the Spanish language.

Individuals whose work requires them to use a language other than Spanish or English, and who wish to be assessed in that language, must contact the Council for further guidelines.

Waivers

The Council will consider waiving certain eligibility requirements if an individual provides a written explanation for the request. All such requests should be sent directly to the Council BEFORE submitting an application. After reviewing the waiver, the individual will be notified whether it has been granted. Waiver petitions must be documented on the Waiver Request Form at the end of Part II of this manual.

Candidate Information

Documentation Requirements

The Candidate must present evidence of her or his competence through written documentation. The documentation must contain evidence of the Candidate's skill with the entire age range —from birth to age 3. Five components make up the documentation:

1. Professional Resource File
   prepared by the Candidate
2. Parent Opinion Questionnaires
   collected by the Candidate
3. Formal Observation
   conducted by the Advisor
4. Early Childhood Studies Review
   administered by the Council Rep
5. Oral Interview
   conducted by the Council Rep

Summary of how evidence is documented for all sub-age groups for the infant/toddler endorsement:

	Young Infants (birth - 8 months)	Mobile Infants (9-17 months)	Toddlers (18-36 months)
Professional Resource File	Each statement of competence must give example(s). Some resource items must be appropriate.	Each statement of competence must give example(s). Some resource items must be appropriate.	Each statement of competence must give example(s). Some resource items must be appropriate.
Parent Opinion Questionnaires	No specific requirement	No specific requirement	No specific requirement
Formal Observation	One or more children between birth-8 months old must be present EITHER at daily worksite OR during supplemental observation.	One or more children between 9-17 months old must be present EITHER at daily worksite OR during supplemental observation.	One or more children between 18-36 months old must be present EITHER at daily worksite OR during supplemental observation.
Early Childhood Studies Review	Exam will cover appropriate practices.	Exam will cover appropriate practices.	Exam will cover appropriate practices.
Interview by Council Rep	Questions will cover appropriate practices.	Questions will cover appropriate practices.	Questions will cover appropriate practices.

To Complete Documentation for Assessment

First, the Candidate and Advisor prepare to present evidence of the Candidate's competence from the following three (3) sources:

1. Professional Resource File
2. Parent Opinion Questionnaires
3. Formal Observation

Next, the Candidate completes the Early Childhood Studies Review and the Oral Interview during the Council Rep verification visit.

Professional Resource File

The Professional Resource File is a collection of materials that early childhood professionals use in their work with infants and toddlers and their families. Compiling the Resource File has two purposes:

1. *It provides a picture of what information Candidates find valuable in their work as a basis for assessing competence as a CDA; and*

2. *It provides Candidates an important experience in locating resources and articulating their own view of the work in early childhood programs.*

The Professional Resource File is a working resource — one that should be USEFUL to a CDA during her/his career in early childhood education. The information it contains should serve as reference material on a daily basis.

Arrangement of the Resource File

The material in the Professional Resource File can be arranged in any one of many creative ways (e.g., bound in a notebook or contained inside file folders in a box). It should be professional looking, manageable in size, and legible. It should be easy to add to or delete from. *There are no requirements about how it should look.* Whatever its physical form, the Professional Resource File should be portable, i.e., designed to be carried to and from a work site, on a home visit, or to a meeting.

Contents

The Professional Resource File has three major sections: (1) Autobiography; (2) Statements of Competence; and (3) Resource collection.

(1) *Autobiography*

Write a statement about yourself of about 300 words. In the first part tell who you are, and in the second part, tell what things about your life influenced your decision to work with young children. *If you wish, you may attach a formal resume of your education and work experiences.*

(2) *Statements of Competence*

In your own words describe the things you do with children and families. The description should demonstrate your ability to meet the specific needs of children in each of the six CDA Competency Goal areas. The description in each area should be about 200-500 words in length and should state your goals for young infants, mobile infants, and toddlers, and give specific examples of what you do to achieve those goals. ***For bilingual Candidates, statements must be specific to the goals of bilingual programs and the statements in three (3) Competency Goal areas must be written in Spanish.***

Begin each section by writing out the Competency Goal Statement:

1. Establish and maintain a safe, healthy learning environment
2. Advance physical and intellectual competence
3. Support social and emotional development and provide positive guidance
4. Establish positive and productive relationships with families
5. Ensure a well-run, purposeful program responsive to participant needs
6. Maintain a commitment to professionalism

Remember, your statement for each Competency Goal should contain no more than 500 words. Of course, you cannot describe everything you do in such a limited space. Choose the most important goals you have for children and the best examples of practices that you feel represent your competence.

Write about your *current practice*, using examples of your work within the past 6 months (the six months before the time you submit your Direct Assessment Application Form). However, if you have not worked with young infants, mobile infants, and toddlers within the last 6 months, you may use examples from past experiences.

(3) *Resource Collection*

There are seventeen (17) specific items to be included in the Resource Collection. Organize them by Competency Goal areas and number each item so it can be located easily during the Council Rep's verification visit. *For Bilingual Candidates, the resources used directly with children and families must be in two languages (Spanish and English).*

COMPETENCY GOAL I

To establish and maintain a safe, healthy learning environment

1. Name of agency and telephone number to report child abuse concerns.

2. A record of Red Cross or other agency first aid class certificate of completion. Training must include first aid for children 0-3 years of age. (For example, CPR for infants and toddlers.) Certification must have been within the past three years.

3. Agency name(s) that supplies information on nutrition for children (e.g., Cooperative Extension Service).

COMPETENCY GOAL II

To advance physical and intellectual competence

4. Four songs, chants or fingerplays, including two from other cultures. Include music and words.

5. Nine (9) stimulating activities that promote physical, cognitive and creative development -- three (3) for young infants, three (3) for mobile infants, and three (3) for toddlers. Describe the materials you use, the skills they encourage, and how you expect children to use them.

COMPETENCY GOAL III

To support social and emotional development and provide positive guidance

6. Titles, authors, publishers and copyright dates of 5 colorful and durable books for children under 3 that support development of gender identity by portraying males and females in diverse roles.

7. Titles, authors, publishers and copyright dates of 2 picture books that deal with everyday activities and routines.

8. Titles, authors, publishers and copyright dates of 3 books you would recommend for parents of children under 3 that deal with separation, divorce, remarriage, or blended families. The books may either be children's books or adult books.

9. Name of local hospital and its policies about group field trips, orientation for children scheduled for hospitalization, and parents' presence during children's inpatient stays.

10. Agency name and telephone number for making referrals to family counseling.

COMPETENCY GOAL IV

To establish positive and productive relationships with families

11. Policies for your program that specify what parents should do and what program does for parents. Include strategies to maximize communication between caregiver and parent on informal as well as formal basis.

COMPETENCY GOAL V

To ensure a well-run, purposeful program responsive to participant needs

12. Samples of 3 types of record keeping forms used in group care programs, including accident report and emergency form.

COMPETENCY GOAL VI

To maintain a commitment to professionalism

13. Name and contact information of agency that regulates child care centers and homes; copy of current regulations.

14. Brochure(s) and membership information from two or three national early childhood education associations.

15. Pamphlet(s) designed for parents about how children grow and learn. (No more than 5)

16. An observation tool for recording information about children's behavior. One copy should be blank; the other filled out with a sample observation of a child. (Anonymous)

17. Name and contact information of agencies in the community that provide resources for children under 3 years old with disabling conditions.

Parent Opinion Questionnaires

Parent perceptions about a Candidate's skills and knowledge are extremely important in CDA assessment. Each parent with a child in the Candidate's care will complete a questionnaire. The information that the parents provide is confidential and the Candidate will not be able to read the responses.

The Parent Opinion Questionnaire is in the application packet. Prepare to distribute the questionnaires by filling out the information on the cover letter: your name, the date you expect the questionnaire to be returned, and your telephone number. Speak to each parent by telephone or in person. Give only one questionnaire to each family. Briefly explain about the CDA assessment, the parents' participation, the questionnaires, and what this process to obtain the credential means to you. Emphasize how important it is for each of them to fill out and return their questionnaire.

Here are some ideas about how to distribute the questionnaires. You may use a combination of all the methods listed below:

Group Meeting: Include a CDA/parent questionnaire presentation as part of the agenda of a meeting already scheduled, or call for a special meeting. This will allow you to discuss and answer questions--in person--from parents about the Credentialing process and the role of the parents.

Mailing: Some Candidates prefer mailing questionnaires to parents. If you choose to do this, it is a good idea to enclose a self-addressed, stamped envelope. Follow up with a courtesy telephone call.

Individual Help: Some parents may require extra help. You may ask someone in your program to assist parents who are having difficulty understanding the questions. Because the questionnaires are confidential, you may not get involved at this level. If there are parents with special needs, please call the Council for advice. We will be happy to assist you.

There may also be parents who speak a language other than English or Spanish. Do not overlook these parents. If necessary, find someone who can translate the questions to the parent (either in writing, or orally).

Each questionnaire **is to be returned to you in a sealed envelope.** You must collect all the envelopes and place them in a larger sealed envelope, with both the number distributed and the number returned recorded on the outside of the envelope. Remember, your goal is to collect, at minimum, 75% of all parent questionnaires distributed.

Formal Observation

A vital source of evidence of a Candidate's skill is actual hands-on work as primary caregiver with children and families. A formal observation of the Candidate will provide evidence of these practices.

In order to demonstrate competence with the complete infant/toddler age range, Candidates must be observed working with young infants, mobile infants and toddlers. Since the presence of such a wide age span is unlikely in a single grouping of children in most child care settings, Candidates may have to arrange to be observed both in their current daily worksite assignment and in an additional setting. A detailed description of the procedures for completing these observations is described below.

The Candidate identifies an early childhood professional who is willing to serve as Advisor *and* who meets the Advisor qualifications that appear in Appendix C. For example, Candidates may select a Program Director, a trainer, an Education Coordinator, a site supervisor, or a college instructor. The Council operates a national Advisor Registry. We can provide the names of qualified Advisors for Candidates who need assistance in locating an eligible early childhood professional.

For the initial observation the Advisor observes the Candidate *while working as **lead caregiver** with young children in an eligible setting*, and records the observation(s) using the *CDA Observation Instrument.*

In addition, the Advisor may need to observe the Candidate interacting with children in the age ranges not present during the initial observation. This supplemental observation need not occur in an "eligible setting," nor does it require that the Candidate be working as "lead caregiver". The documentation of this supplemental observation is recorded on the *Supplemental Observation Form.*

The Candidate will arrange a time with the Advisor to conduct the observation(s). The Advisor may complete the formal observation in one visit or it may take several. ***Observations should take place within 6 months before the time the Candidate submits the Direct Assessment Application Form to the Council.*** The instructions for completing the observation(s) are found in the *CDA Observation Instrument* and on the *Supplemental Observation Form.*

A Message to Advisors

As a professional in the field of early childhood education/child development, you have the experience and knowledge that will help a person who has chosen to care for children. You can support their development in cooperation with parents and other early childhood professionals. The information you collect about the Candidate's work will make a major contribution towards his/her evaluation of competence. We know that the time and effort required to complete your responsibilities as a CDA Advisor is significant. Your contribution is tremendously important to our national effort to assure quality child care for young children.

Your role is to document the Candidate's performance with children. Serving as Advisor does not require you to "train" the Candidate in the CDA Competency Areas, although many Advisors do serve in the training capacity. The Advisor's role, as required by the Council, is to document evidence of the Candidate's performance to judge his/her competence at the time of final assessment.

Candidate Performance Items to be Rated on the CDA Observation Instrument

The purpose of the initial observation at the Candidate's worksite is to rate a Candidate's skill in specific performance areas:

Functional Area 1: Safe

1.1 All toys and materials provided for use by children are safe.
1.2 Supervision is appropriate for developmental level of children.
1.3 Emergency procedures are planned in advance and are well organized.

Functional Area 2: Healthy

2.1 General hygiene practices are consistently implemented to cut down the spread of infectious disease.
2.2 Health maintenance habits in children are encouraged.
2.3 Diapering/toileting procedures are organized to maintain health.
2.4 Meals/snacks meet the developmental needs of children.
2.5 Pleasant and appropriate environment conducive to rest is provided daily.

Functional Area 3: Learning environment

3.1 Well-arranged space is provided, which meets the developmental needs of children during routines and play.
3.2 Varieties of developmentally-appropriate materials are available.
3.3 Materials for play are well organized.
3.4 Schedule provided satisfy the children's need for routine and play.

Functional Area 4: Physical

4.1 A variety of activities are offered which enable children to develop their large muscles.
4.2 A variety of activities are offered which enable children to develop their small muscles.
4.3 Program activities adapt to meet individual needs and special needs of children with handicaps.
4.4 Opportunities are offered to help children develop their senses.

Functional Area 5: Cognitive

5.1 A variety of age appropriate materials and activities that encourage curiosity, exploration, and problem solving are accessible to children throughout the day.
5.2 Interactions provide support for play, exploration, and learning.
5.3 Individual learning styles are recognized.

Functional Area 6: Communication

6.1 Communication with each child is frequent.
6.2 Talk with children is developmentally appropriate.
6.3 Children are encouraged to talk.
6.4 Children's attempts to communicate are responded to positively.
6.5 A developmentally-appropriate, print-rich environment, in which children learn about books, literature, and writing, is provided.

Functional Area 7: Creative

7.1 Individual expression and creativity are appreciated.
7.2 Many appropriate music experiences are available to children.
7.3 Art experiences are age-appropriate and varied.
7.4 Dramatic play experiences, with a variety of age-appropriate props, are available.
7.5 A variety of age-appropriate block play opportunities is available.

Functional Area 8: Self

8.1 Children are given the message that each is important, respected, and valued.
8.2 Individual children are able to develop a sense of security.
8.3 Diapering/toileting procedures are developmentally appropriate and set up to encourage self-help skills.

Functional Area 9: Social

9.1 Each child feels accepted in the group.
9.2 Feelings of empathy and respect for others are encouraged.
9.3 Non-biased curriculum is used.
9.4 Children are encouraged to respect the environment.

Functional Area 10: Guidance

10.1 Methods for avoiding problems are implemented.
10.2 Positive guidance techniques are used.
10.3 Guidance practices are related to knowledge of each child's personality and developmental level.

Functional Area 11: Families

11.1 Various opportunities to appreciate children's families are part of the regular program.
11.2 Information about families' culture, religion, and childrearing practices is in classroom experiences.
11.3 Various opportunities are offered to help parents understand the development of their child and understand their child's point of view.
11.4 Resources are provided to help families meet their child's needs.

In addition, the Advisor will rate the Candidate's performance in the two additional CDA Functional areas where it may not be possible to observe behavior during the formal observation. The Advisor may need to ask the Candidate some questions to complete her/his evidence in the following areas:

Functional Area 12: Program Management

Candidate manages, by using all available resources, to ensure an effective operation. Candidate is a competent organizer, planner, record keeper, communicator, and a cooperative coworker.

Functional Area 13: Professionalism

Candidate makes decisions based on knowledge of early childhood theories and practices, and promotes quality child care services. The Candidate also takes advantage of opportunities to improve competence, both for personal and professional growth and for the benefit of children and families.

Candidate keeps abreast of current regulatory, legislative and workforce issues and how they affect the welfare of young children.

Using the Supplemental Observation Forms(s)

If the ages of the children present during the initial observation do not span the entire infant/toddler age range, then a second document must be completed -- the *Supplemental Observation Form.*

The Candidate selects a setting that will allow her/him to be observed while interacting with the *age group* not present during the initial observation at the current daily worksite assignment. During the visit the Candidate interacts with the children for 2-3 hours and the Advisor observes. After the visit the Advisor completes the *Supplemental Observation Form.*

The Candidate should select a setting where s/he is familiar with the children. The setting does not have to meet the infant/toddler setting criteria, but you should try to find a setting, such as a family day care home, for example, where children are in "child care." Visit before the day of the observation, and get permission from the person in charge to be observed by the Advisor.

Remember that the purpose of this observation is for the Advisor to see you interacting with children to demonstrate your skill. Although you will not be working as "lead caregiver", it is important to participate as fully as possible with the children. This should include routines like toileting, meals, indoor and outdoor play. If you can arrange it with the person in charge of the setting, plan an activity with one child or a small group.

If the Candidate's observation documentation still does not cover all 3 sub-age groups, the Candidate and the Advisor must repeat the above requirement with the missing age group. In this case the Advisor will end up with a total of two completed *Supplemental Observation Forms* (one for each age group not in the Candidate's current care), in addition to the *CDA Observation Instrument.*

The Direct Assessment Application Form

Once the Professional Resource File, Formal Observation and Parent Opinion Questionnaires are completed, a Candidate is ready to apply for assessment.

The Direct Assessment Application Form is the official Candidate application for CDA assessment. Instructions for completing it are on the form. Space is provided for the Candidate to verify all eligibility requirements, and for the Advisor to verify his/her eligibility. Both the Candidate and the Advisor must also verify that they have completed their documentation. The application also requires consent from the Program Director for the Candidate to participate in the Verification Visit.

Submit the application with the assessment fee and with original signatures. *Fax or xerox copies are unacceptable.* **Please note the application deadlines for the quarterly scheduling of assessments. They appear on page 8 of this book.**

The Verification Visit

When the Council receives the Application Form, the fee, and all required verifications and attachments, a Council Rep will be chosen to conduct the verification visit. S/he will notify the Candidate of the date and place for the visit. If a Candidate has NOT been contacted by the first week of the quarter in which s/he expects to be assessed, s/he should call the Council.

Before the Council Representative arrives, Candidates should prepare their documentation by doing the following:

1. Check to see that all entries in the Professional Resource File are complete. *Make a copy of the "Autobiography" and "Statements of Competence."* The Council Rep will return the File to the Candidate, and mail the copied statements to the Council.

2. If you have been required to complete a Supplemental Observation, it should be attached. Get the completed *CDA Observation Instrument* from the Advisor. Both forms should be in a sealed envelope for the Council Rep to mail to the Council.

3. Get the completed Parent Opinion Questionnaires. They should also be in sealed envelopes and placed in a larger sealed envelope. Both the number distributed and the number returned should be recorded on the outside of the envelope. The Council Rep will mail these to the Council.

During the verification visit, the Council CDA Rep will complete the following tasks:

1. Check the"Autobiography" and "Statements of Competence" in the Professional Resource File.

2. Check the Resource Collection in the Professional Resource File.

3. Check the Parent Opinion Questionnaires.

4. Check the formal observation.

5. Administer the Early Childhood Studies Review.

6. Administer the oral interview.

Early Childhood Studies Review

The arrangements for taking the Early Childhood Studies Review will be discussed when the Council Rep contacts the Candidate. In addition, Candidates will be asked to arrange a private place for the Council Rep to review documents and conduct the interview. It is preferable to use space at the Center where you work. Permission must first be obtained from the Program Director.

The Early Childhood Studies Review is a written examination designed to measure general knowledge of good practices in early childhood education programs serving children birth through age 5. The content of the Review is based on those current principles of developmentally appropriate practice widely accepted among early childhood professionals.

The Early Childhood Studies Review takes approximately 1 1/2 hours to complete and contains 60 questions, like the examples below. Each question has four (4) answers to choose from. The following have been marked to show the correct answer:

A **What is the best age to introduce music to children?**

a. Infants
b. Toddlers
c. Young preschoolers
d. Older preschoolers

A To keep children from interrupting activities in busy places, what is the most appropriate thing to do?

a. Use furniture to make clear pathways that go around spaces.
b. Have children choose one place to play until playtime is over.
c. Teach the rule, "We walk through other children's play spaces carefully and quietly."
d. Have children do most of their play on tables.

C Which is the most nutritious snack for toddlers?

a. cookies and milk
b. corn chips and 100% fruit juice
c. apple slices and peanut butter and milk
d. saltine crackers and 100% fruit juice

The Council offers the option to have the Early Childhood Studies Review administered orally. Contact the Council to discuss the fee and other arrangements.

While the Candidate is taking the written examination, the Council Rep will review the documentation that the Candidate and Advisor have gathered. Then the Council Rep will conduct the Oral Interview.

Oral Interview

The Oral Interview provides an opportunity for Candidates to show how the knowledge they have acquired through experience and training would be applied in a variety of early childhood settings.

The interview consists of 10 structured situations and takes about one to two hours to administer. The situations are specific to the Candidate's setting, age-level endorsement and specialization.

For each situation, the Council Rep will show the Candidate a picture with a written description of the activity pictured. The Council Rep will read aloud the description as the Candidate reads along. Then s/he will pose a question and ask the Candidate to respond. The Council Rep will listen, make notes and identify various aspects of the response. S/he may ask additional questions to help the Candidate give a clear and complete response. A sample interview question follows:

SAMPLE

INTERVIEW

QUESTION

Dana is 10 months old and has been from the center on vacation for a month. Today is her first day back. She has had trouble eating, sleeping, has cried most of the morning, and has not been as active as usual.

The teacher arrives before lunch time and tries to play with Dana, shows her a bright beautiful rattle and picks her up, but Dana does not respond. What do you think the teacher should do?

When the interview is finished, the Council Rep will score the responses.

Concluding the Verification Visit

At the conclusion of the verification visit, *the Council Rep will return the following documentation evidence to the Candidate:*

1. Autobiography
2. Statements of Competence
3. Resource Collection from the Professional Resource File
4. Documentation Completion Checklist

The Council Rep will send the following materials to the Council:

1. Autobiography
2. Statements of Competence, *and the originals of these materials:*
3. CDA Observation Instrument and Supplemental Observation Form
4. Parent Opinion Questionnaires
5. Early Childhood Studies Review
6. Oral Interview responses

After the Council receives the above documentation, a committee will conduct a review and make a final decision. This process will take approximately three (3) months. If the Credential is awarded, the official Credential is sent to the new Child Development Associate. If the committee decides the Candidate needs more training, the Council will notify the Candidate and inform her/him of appeal procedures and other subsequent options.

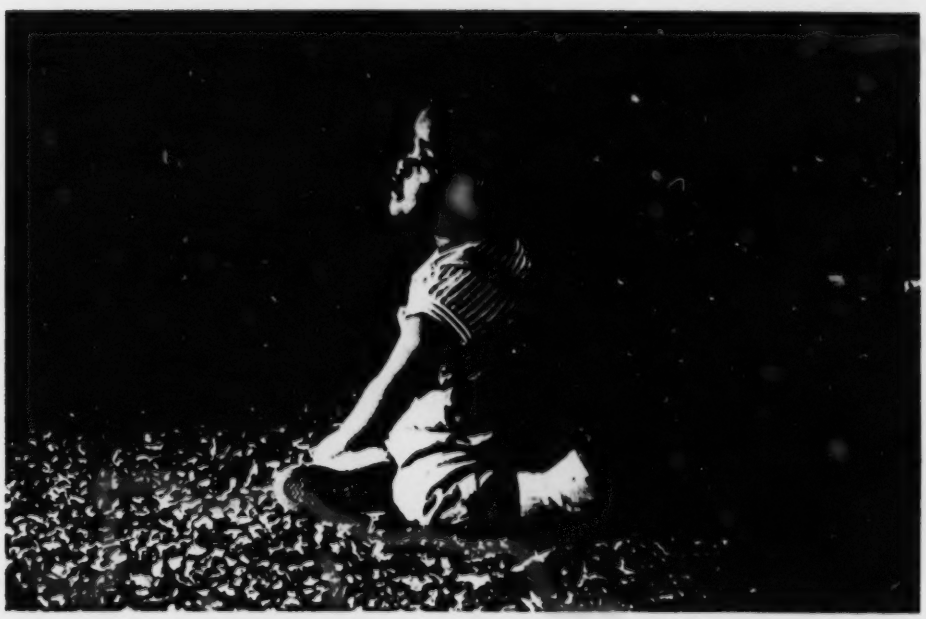
A CDA Credential is valid for 3 years from award, after which it may be renewed.

The choice to work with young children and their families is one of the most important career decisions that one can make in our society. Best wishes for a rewarding and successful career!

For More Information

The Council maintains a toll-free hotline to answer questions and provide assistance. Call from 9am - 5pm Eastern Standard Time:

1-800-424-4310, or
(202) 265-9090



Commonly Asked Questions About Direct Assessment

Q. Where can I find a CDA training program?

Inquire at a local postsecondary education institution — vocational school, college or university. Early childhood education, child development and home economics programs offer coursework and field supervision that will help Candidates acquire the skills needed for CDA assessment.

The Council also offers CDA training through the CDA Professional Preparation Program (CDA P_3).

Q. Is financial assistance available to help pay the assessment fee?

There is a scholarship office in every state with funds to assist income eligible individuals. Call the Council's toll-free number for the location of the office in your state.

In some communities, other organizations also offer scholarships for CDA fees. Inquire through your employer or your local early childhood education professional association.

Q. Does employer-sponsored in-service training count toward the 120 clock hours of formal education?

Yes, as long as the agency has the expertise in early childhood teacher preparation.

Q. Can I be assessed as a CDA if I work as an Aide or Assistant Teacher?

Yes. However, you must be acting in the role of lead caregiver during the time(s) your Advisor conducts the formal observation.

Q. I only work with toddlers. Can I complete my work for CDA assessment with these children?

No. The Infant/Toddler endorsement means you have demonstrated skill with all three age subgroups -- young infants, mobile infants, and toddlers. You must have experience working with the full age range, and you must present evidence of your skill with the full age range.

This can be accomplished by spending time with younger children as a volunteer and taking courses or attending workshops about younger children.

CANDIDATE CHECKLIST

*(Summary of activities you must complete **BEFORE** submitting the application for CDA Assessment)*

____ Read this book carefully.

____ Select an Advisor according to eligibility criteria.

____ Complete the formal observation requirement.

- ____ Meet with your Advisor and give her/him the *Competency Standards Book , CDA Observation Instrument for Advisors, and the Supplemental Observation Form.*
- ____ Discuss and schedule observations(s).

____ Complete the Parent Opinion Questionnaires.

- ____ Distribute one questionnaire to each family.
- ____ Collect at least 75% of distributed questionnaires.
- ____ Place the sealed envelopes in a larger envelope.
- ____ Record on the outside of envelope the number of questionnaires distributed and the number you collected.

____ Complete your Professional Resource File.

- ____ Write Autobiography.
- ____ Write Statements of Competence.
- ____ Collect 17 resource items.

____ Fill out the *Direct Assessment Application* and sign it.

- ____ Ask your Advisor to read and sign the Application.
- ____ Ask your Program Director to read and sign the Application; discuss site arrangements for the Verification Visit by the Council Rep.

____ Attach assessment fee to Application and mail it before the deadline for the quarter when you want to be assessed.

Bring the following items to the Verification Visit:

- ____ Your completed Professional Resource File.
- ____ Your Advisor's observation instrument.
- ____ Your sealed envelope containing the Parent Opinion Questionnaires.
- ____ This book.

WAIVER REQUEST FORM

Please fill out this form by referring to the eligibility and/or information collection requirements in the Child Development Associate Assessment System and Competency Standards book.

Candidate for CDA Assessment: _____ Social Security #_____
(If applicable)

Setting Type:
Center-Based/Preschool ____ Center-Based/Infant Toddler____ Family Day Care____ Home Vistor____

I request a waiver as [ ] Advisor or [ ] Candidate for CDA Assessment.

Eligibility or Information Collection Requirement(s) that I do not meet: (Please cite item letter and number from list of requirements):

Qualifications I would like to substitute:

Please explain any special conditions:

NAME OF PERSON REQUIRING WAIVER: _____

ADDRESS: _____

_____

DAYTIME TELEPHONE: ( ) _____ DATE MAILED: _____

For Council Use Only:

[ ] Waiver request granted by _____ Date _____

Waiver valid for the following period: [ ] Waiver denied: _____

[ ] 12 months from the above date
[ ] One time use, for the Candidate identified above
[ ] Other _____

PART III

The CDA Competency Standards are the national standards used to evaluate a caregiver's performance with children and families during the CDA assessment process. The Competency Standards are divided into six **competency goals**, which are statements of a general purpose or goal for caregiver behavior. The competency goals are common to all child care settings. The six goals are defined in more detail in 13 **functional areas**, which describe the major tasks or functions that a caregiver must complete in order to carry out the competency goal.

Each functional area is explained by a **developmental context**, which presents a brief overview of child development from birth to 3 years and provides a rationale for the functional area definition and examples of competent caregiver behavior that follow. Three different developmental levels are indentified --young infants (birth-8months), mobile infants (9-17 months),and toddlers (18-36 months). Children develop at different rates, and descriptions of these levels emphasize the unique characteristics and needs of children at each stage of development.

Each functional area is further explained by a list of sample caregiver behaviors. These examples describe behavior that demonstrates that a caregiver is acting in a competent way or exhibiting a skill in a particular functional area. During the assessment process, most Candidates will exhibit other competent behavior, and a competent Candidate might not demonstrate all the examples listed under a functional area. The examples are organizaed according to developmental stages of children from birth to 3 years, in order to emphasize the importance of the special skills needed to work with young infants, mobile infants, and toddlers. Special bilingual specialization examples are presented for several functional areas.

The samples of caregiver competency included in the standards should serve as a basis for recognizing other, more specific behaviors that are important to the individual Candidate. A competent Candidate might not demonstrate all the examples listed in the following pages. CDA Candidates and individuals conducting or participating in CDA training will be able to think of many different ways to demonstrate skill in the six competency goals and 13 functional areas.

Competent caregivers integrate their work and constantly adapt their skills--always thinking of the development of the whole child. In all functional areas, it is important for competent caregivers to individualize their work with each child while meeting the needs of the group. In every area, too, caregivers must promote multiculturalism, support families with different languages, and meet the needs of children with handicapping conditions and special needs. And, while demonstrating skills and knowledge, competent caregivers must also demonstrate personal qualities, such as flexibility and a positive style of communicating with young children and working with families.

To establish and maintain a safe, healthy, learning environment

1. Functional Area: Safe

Candidate provides a safe environment to prevent and reduce injuries.

Developmental Context

One of the most essential services for children is to ensure their safety and well-being. Indoor and outdoor areas should be free of dangerous conditions and materials. Adults should teach children about safety and comfort children when hurt. Adults should be attentive and have the skills and knowledge to prevent injuries and to handle emergencies, accidents, and injuries appropriately when they occur. In a safe environment, children will learn gradually to protect themselves and look out for others.

Young infants (birth-8 months) must be attended to carefully. A safe and secure environment is essential to their development. Because of infants' vulnerability and relative helplessness, adults must attend to each infant at all times in order to ensure his/her continued safety.

Mobile infants (9-17 months) are changing each day. As their rapidly increasing motor skills lead them into new areas, adults must anticipate new hazards that may arise.

Toddlers (18-36 months) are increasingly curious about their world. They stretch boundaries and test everything in their surroundings. Adults must be attentive to their activities and ensure their safety while giving them simple explanations for safety precautions.

Examples

For example, the competent Candidate working with infants and toddlers:

Keeps both the inside of the center and the outdoor play areas free of debris, structural hazards, unguarded space heaters, tools, and dangerous substances (e.g., medicine, cleaning products, matches, chipping paint, toxic plants, small objects that could be swallowed, balloons, and plastic bags).

Ensures that safety equipment, (e.g., fire extinguishers and smoke detectors) are in place and operable and knows how to use them.

Maintains an easily accessible and current list of phone numbers for contacting parents and emergency services, including poison control, fire company, and medical help.

Uses diagrams, pictures, and words understood by children and adults to post instructions and practice procedures for fires and other emergencies, including safety procedures for children with handicapping conditions.

Plans and practices monthly fire drills for moving all children in care to safety as quickly as possible.

Ensures that outdoor play equipment is safe for small children and in good repair.

Responds immediately and sympathetically to a child's injury or fear of injury and encourages the same response by the children.

Takes safety precautions in a reassuring manner without overprotecting or making children fearful.

Anticipates and makes plans to prevent potentially dangerous situations (e.g., children left unattended while sleeping or separated while on a field trip).

Maintains first aid supplies—gauze, tape, syrup of ipecac, tweezers, scissors, and soap—and knows basic first aid procedures appropriate for young children (e.g., how to handle choking, treating cuts, etc.).

Uses safe auto and bus travel procedures, including use of appropriate car seats for children.

Discusses safety information with parents and tells them about resources (e.g., poison control centers) that provide services to families in their own language.

Makes areas safe for children at different developmental stages; for example, putting safety gates on stairways; covering electrical outlets with safety plugs; inspecting children's equipment (e.g., cribs and car seats) at least weekly; securing, rearranging, or removing furniture that could fall or be pulled over; and securing carpeting and rugs.

Supervises all children's indoors and outdoors activities.

Keeps informed about safety standards for toys and equipment and shares this information with parents.

Adapts the indoor and outdoor environment so that children with handicapping conditions can maximize their independence (e.g., safe use of mechanical aids or equipment).

Requires parents to authorize in writing all persons allowed to pick children up from the program.

Young Infants

*The competent Candidate working with **young infants** also, for example:*

Locks side rails on cribs in "up" position when children are napping.

Places infants in a comfortable and safe position for sleeping.

Stays with infants on changing table or when bathing.

Mobile Infants

*The competent Candidate working with **mobile infants**, for example:*

Holds child's hand when near dangerous areas (e.g., roads, deep water, or steps).

Knows children's individual differences in their tendency to bite, climb, and escape. Watches or stays close to children to anticipate and respond to these actions.

Toddlers

*The competent Candidate working with **toddlers** also, for example:*

Helps toddlers stop dangerous actions toward themselves and others.

Explains cause and effect in dangerous situations in simple language, demonstrating as much as possible.

Teaches safe use of playground equipment.

Bilingual Specialization

*In addition, the competent Candidate working towards the **bilingual specialization**:*

Explains and practices safety procedures (e.g., fire drills) using the language best understood by the children.

Utilizes cultural values and practices in providing safety education.

2. Functional Area: Healthy

Candidate promotes good health and nutrition and provides an environment that contributes to the prevention of illness.

Developmental Context

Good health involves sound medical and dental practices and good nutrition. Adults should model and encourage good health and nutrition habits with children. Food should be nutritious, prepared carefully, and served in a relaxed atmosphere. Prompt care should be given to children who are or become ill or hurt. Children need a clean environment that is properly lighted, ventilated, and heated or cooled. Indoor and outdoor areas should be free of materials or conditions that endanger children's health. Care of the child's physical needs communicates positive feelings about his/her value and influences the child's developing identity and feelings of self-worth. Parents and caregivers should exchange information about children's physical health frequently.

Young and mobile infants (birth-17 months) need affectionate and competent physical care geared to their individual needs and rhythms. Adults can help infants regulate their eating, sleeping, and other activities gradually, while continuing to balance the infant's and the group's needs.

Toddlers (18-36 months) imitate and learn from the activities of those around them. Good health habits can be established through modeling and encouraging tooth brushing, hand washing, nutritious eating, etc.

Examples

For example, the competent Candidate working with infants and toddlers.

Learns about good nutrition for children from birth to 3 years old and helps plan age-appropriate, nutritious meals and snacks. While respecting family customs and habits, the caregiver shares nutrition information with parents and encourages them to provide healthy foods when they contribute food to the center.

Conducts activities in a positive, relaxed, and pleasant atmosphere to reduce tension and stress.

Washes hands before and after toileting a child, helping child blow nose, and food preparation and eating.

Attends to each child's physical needs (e.g., toileting, eating, exercising, and napping).

Provides affection for all children.

Provides adequate ventilation and lighting, comfortable room temperatures, and good sanitation.

Makes sure play areas and materials are cleaned daily.

Establishes procedures for care of sick children; for example, isolating a child with a contagious illness from well children, contacting parents and medical providers, and administering medicine.

Helps children develop basic health habits.

Keeps handy current emergency telephone numbers for each child's parent(s), nearest relative, and medical providers.

Communicates frequently with parents about children's health, nutrition, communicable diseases, and medications and cooperates with parents and health specialists.

Follows center procedures for maintaining health records, administering medications, first aid, and cooperates with health and nutrition staff.

Establishes a relaxed mealtime routine that makes eating pleasant for each child.

Limits sugar, salt, processed foods, unnecessary chemical additives, and artificial coloring and flavoring in meals and snacks and encourages parents to do the same.

Informs parents about health resources (e.g., physicians or community clinics) that provide services to families in their primary language.

Recognizes unusual behavior and physical symptoms in children and encourages parents to obtain appropriate treatment.

Works cooperatively with health professionals and parents to meet the needs of children with handicapping conditions.

Recognizes symptoms of possible abuse and neglect and is alert to play or behavior that indicates physical or sexual abuse. If physical or sexual abuse is suspected, the competent Candidate seeks out resources for information and support, follows state law in response, responds sensitively to child's and family's needs and cooperates in carrying out treatment plans.

Recognizes the signs of a health crisis that children with special needs may have and responds appropriately (e.g., seizures).

Infants

*The competent Candidate working with **young and mobile infants** also, for example:*

Cleans with sanitizing solution, at least daily, all toys and objects used and "mouthed" by infants.

Makes provisions for sanitary diaper changing and disposal.

Washes hands thoroughly before and after each diaper change and before each feeding.

Supports mothers who wish to continue breast feeding infants.

Follows a sanitary procedure for preparing, storing, and labeling baby bottles.

Responds to infant's individual rhythms, while working towards regularity in feeding, sleeping and toileting.

Manages group so as to be able to concentrate on the individual feeding of infants and to hold infants for bottle feeding.

Recognizes rashes and skin irritations and works with parents to prevent and treat them.

Recognizes conditions that cause tooth decay in infants and takes measures to prevent them.

Works cooperatively with parents and shares information frequently concerning nutrition, weaning, and introducing solid foods, while showing respect for different practices and values.

Offers children opportunities to gradually feed themselves by providing finger foods and allowing adequate time for pleasurable feeding.

Does not put children to bed with a bottle unless it contains water.

Toddlers

*The competent Candidate working with **toddlers** also, for example:*

Uses role playing, modeling, visual material, and real objects to teach healthy physical, mental, dental, and nutritional practices.

Plans health care and educational activities that integrate health and nutrition information from the children's cultures with medically accepted health and nutritional practices.

Has age-appropriate expectations of toddlers' abilities and helps them to develop self-help skills in eating, toileting, washing hands, tooth brushing, etc.

Works with parents in planning for toilet learning, respects different family practices and expectations, and is sensitive to each child's readiness.

Understands toddlers' explorations, concerns, and curiosities about their own and others' bodies and responds with information at their level; for example, explaining the physical differences between boys and girls matter-of-factly in simple terms.

Bilingual Specialization

*The competent Candidate working towards the **bilingual specialization**, for example:*

Provides written health information for parents (e.g., notices about immunizations) in both languages.

Utilizes cultural values and practices in providing health and nutrition education.

3. Functional Area: Learning Environment

Candidate uses space, relationships, materials, and routines as resources for constructing an interesting, secure, and enjoyable environment that encourages play, exploration, and learning.

Developmental Content

Children of all ages learn from their own experience and by imitation. Adults can guide and encourage children's learning by ensuring that the environment is emotionally supportive; invites active exploration, play, and movement by children; and supports a broad array of experiences. A reliable routine together with a stimulating choice of materials, activities, and relationships enhances children's learning and development.

Young infants (birth-8 months) begin to learn from their immediate surroundings and daily experiences. The sense of well-being and emotional security conveyed by a loving and skilled caregiver creates a readiness for other experiences. Before infants can creep and crawl, adults should provide a variety of sensory experiences and encourage movement and playfulness.

Mobile infants (9-17 months) are active, independent, and curious. They are increasingly persistent and purposeful in doing things. They need many opportunities to practice new skills and explore the environment within safe boundaries. Adults can share children's delight in themselves, their skills, and discoveries, and gradually add variety to the learning environment.

Toddlers (18-36 months) are developing new language skills, physical control, and awareness of themselves and others each day. They enjoy participating in planned and group activities, but they are not yet ready to sit still or work in a group for very long time. Adults can support their learning in all areas by maintaining an environment that is dependable but flexible enough to provide opportunities for them to extend their skills, understanding, and judgment in individualized ways.

Examples

For example, the competent Candidate working with infants and toddlers:

Uses materials, books, and equipment that are stimulating to each child and suitable to individual learning styles, including those of children with handicapping conditions.

Uses materials that demonstrate acceptance of each child's sex, family, race, language, and culture.

Provides easily accessible learning materials (e.g., puzzles, books, stacking toys) that children can explore by themselves as well as putting some materials away for special times or for use at later stages of development.

Organizes space into identifiable areas that encourage appropriate and independent use of materials.

Balances active and quiet, free and structured, individual and group, indoor and outdoor activities.

Provides many opportunities for children to develop their senses and ability to concentrate.

Provides a variety of natural and pleasurable sounds such as music, normal conversation, outdoor sounds, etc.

Observes individual children and the group frequently and modifies the environment to meet their changing abilities, needs, and interests.

Varies routines spontaneously to take advantage of unusual opportunities (e.g., goes outside in the snow, invites a visiting grandmother to share stories or songs with children, lets the children watch workers and machinery on the street, or plays with one child for an extra period of time when additional adults are available to care for group).

Supports relationships between adults and children, as well as between children in care, as an important aspect of the learning environment.

Schedules day so there is time for individual attention to each child.

Encourages children to become involved in activities that extend their attention spans.

Provides simple and consistent routines for mealtimes, naps, preparing to go out, changing activities, clean up, etc.; supports children's learning through these routines.

Makes and helps parents make toys and equipment from easily available materials for use in the home and center.

Adapts the daily schedule to accommodate children with special needs rather than requiring them to fit the schedule.

Young Infants

*The competent Candidate working with **young infants** also, for example:*

Changes an infant's position and location often during the day and responds to the child's developing skills (e.g., sitting up, rolling over, reaching for objects, and making noises).

Provides a learning environment for nonmobile infants that encourages mouthing, reaching, batting grasping, babbling, and social interaction.

Understands and respects the individual eating and sleeping needs of healthy infants.

Frequently carries the child about in arms, on a hip, or in a sling.

Takes the infant out of doors to experience various temperatures, light variations, breezes, etc.

Provides the infant with the sights and sounds of other living things— humans, animals, and plants— including caregiver's own face.

Recognizes the importance of a consistent relationship between a caregiver and infant and makes caregiver-child interaction the base of the infant's learning environment.

Mobile Infants

*The competent Candidate working with **mobile infants** also, for example:*

Arranges room so that mobile infants have an area for free movement protected from older children.

Provides space indoors and outside for exploration initiated by the child.

"Baby-proofs" the environment so that there are many opportunities for child-initiated learning and limit-setting is minimized.

Understands that intense feelings and rapid changes in mood and energy influence the child's response to the environment and adjusts routines, activities, and materials supportively.

Toddlers

*The competent Candidate working with **toddlers** also, for example:*

Expands the learning environment to include the community when possible; for example, short trips to the local shops, walks around the block, community events.

Introduces a variety of materials and opportunities for learning based on an understanding of toddlers' developmental level, abilities, and interests; for example, provides water play in an area that can get wet, covers children's clothes with plastic smocks or removes clothing in warm weather, and limits such play to few children so each has plenty of room and free use of utensils.

Provides a step stool when necessary so that children can use toilet and wash hands independently as soon as possible.

Bilingual Specialization

In addition, the competent Candidate working towards the ***bilingual specialization****, for example:*

Uses objects, music activities, and celebrations that are meaningful to young children to encourage development of both languages and cultures.

Helps parents identify resources in their homes, families, and community that will support the development of both languages.

To advance physical and intellectual competence

4. Functional Area: Physical

Candidate provides a variety of equipment, activities, and opportunities to promote the physical development of children.

Developmental Context

Physical development is an essential part of the total development of children. Developing physically includes using large and small muscles, coordinating movements, and using the senses. Large-motor development includes strengthening and coordinating the muscles and nervous system, controlling large motions using the arms, legs, torso, or whole body. Small-motor development involves the ability to control and coordinate small, specialized motions using the eyes, mouth, hands, and feet. Adults should provide materials, equipment, and opportunities for indoor and outdoor activities that encourage this development and recognize and respect the wide differences in individual rates of physical development.

Establishes and maintains a routine for use of the second language in daily activities.

Young infants (birth-8 months) begin all learning through physical movement, taste, touch, smell, sight, and sound. By moving their arms, hands, legs, and other body parts, by touching and being touched, infants develop an awareness of their bodies and their ability to move and interact with the environment. By using their mouths to explore, hands to reach and grasp, whole bodies to roll over and sit up, they master the necessary skills needed for developmental stages that follows.

Mobile infants (9-17 months) delight in practicing and achieving new physical skills—crawling, standing, sitting down, cruising, and walking. They interact with their environment in a practical way, using all senses to examine and manipulate objects, and begin to understand cause and effect, space, and distance in this way.

Toddlers (18-36 months) continue to master physical skills at their own individual rates. Their learning and interaction with the environment continue to be active. Although they are gaining greater control and satisfaction through use of their small muscles (e.g., painting, drawing, or working with puzzles), they need opportunities to exercise their large muscles often each day.

Examples

For example, the competent Candidate working with infants and toddlers:

Arranges and encourages physical activities, knowing how children's physical development affects their cognitive, social, and emotional development.

Observes and evaluates children's developmental levels in order to provide activities for physical skills and development of the senses at the appropriate level for each child.

Plans and participates daily in appropriate large-muscle activities (e.g., playing ball, running, jumping, climbing with children both indoors and outdoors).

Provides a variety of activities from children's culture(s) (e.g., dances, music, fingerplays, and active games).

Provides opportunities for children to develop their sense by noticing colors, smelling odors, distinguishing sounds, feeling and touching a variety of objects, and tasting different foods.

Communicates to children and their parents the importance of outdoor play and physical activity for healthy growth and development.

Plans for and supports children's changing needs for active play, quiet activity, and rest.

Supports and encourages, but never forces, children who are fearful of physical activity because of illness, accidents, abuse, limited opportunity, or overprotective caregivers and parents.

Observes and evaluates children's physical development, recognizes signs of possible physical handicaps and developmental delays, refers parents to appropriate services, and follows up on referrals or individual development plans.

Adapts the program to meet the special needs of children with handicapping conditions taking into account the importance of physical development to self-concept and social development.

Avoids overprotecting children with handicaps, supports their independence, includes them in physical activities with other children (making modifications only when necessary), and encourages parents to do the same.

Young Infants

*The competent Candidate working with **young infants** also, for example:*

Gives infants freedom and opportunities to move and explore in a variety of safe spaces (e.g., bare floor, carpet, mattress, grass).

Maximizes warm and loving physical contact with infants by providing a variety of physical contact from soothing to stimulating, depending on the infant's readiness and need.

Provides appropriate activities and materials to help infants develop small muscles by grasping, dropping, pulling, pushing, throwing, fingering, and mouthing.

Mobile Infants

*The competent Candidate working with **mobile infants** also, for example:*

Encourages active manipulation of a variety of objects and the use of tools; for example, strings to pull toys, a pail to carry objects, a shovel to scoop sand.

Shares children's pleasure in and provides them safe opportunities to practice repeatedly creeping, crawling, cruising, walking, climbing, descending stairs, and other physical movements.

Provides opportunities for the development of eye-hand coordination in ways that are challenging and satisfying for the child; for example, fitting objects into a hole in a box, self-feeding.

Toddlers

The competent Candidate working with toddlers also, for example:

Increases variety of opportunities for large- and small-muscle activities and sensory development as children are ready (e.g., introducing ride-on toys, play dough, puzzles, listening games, fingerplays, boxes for climbing).

Cooperates with parents in toilet learning when toddlers appear to be ready.

Provides extended opportunities for children to repeatedly practice their physical skills.

Provides opportunities for children to try out and begin to understand the relationships between cause and effect and means and ends.

Understands the importance of play and often joins children's play as a partner and facilitator.

Uses the center environment, everyday activities, and homemade materials to encourage children's intellectual development.

Helps children discover ways to solve problems that arise in daily activities.

Supports children's repetitions of the familiar and introduces new experiences, activities, and materials when children are interested and ready.

Recognizes differences in individual learning styles and finds ways to work effectively with each child.

Encourages active learning, rather than emphasizing adult talking and children's passive listening.

Obtains (or makes) and uses special learning materials and equipment for children whose handicaps affect their ability to learn.

Provides equipment and materials that children can explore and master by themselves.

Is alert to the task a child is attempting and provides appropriate support.

Recognizes learning problems and makes referrals according to center's policy.

Young Infants

*The competent Candidate working with **young infants** also, for example:*

Talks to infants, describing what they feel, hear, touch, and see.

Encourages manipulation and inspection of a variety of objects.

Provides opportunities for infants to interact with adults and children and watch interactions of adults and children.

Encourages infants in imitating others.

5. Functional Area: Cognitive

Candidate provides activities and opportunities that encourage curiosity, exploration, and problem solving appropriate to the developmental levels and learning styles of children.

Developmental Contest

Exploring and trying to understand the world is natural and necessary for children's cognitive or intellectual development. As children learn and grow, their thinking capacities expand and become more flexible. Adults should support and guide this process by responding to children's interests with new learning opportunities and to their questions, with information and enthusiasm. Cognitive growth also requires healthy development in other areas: consistent physical growth, secure emotional behavior, and positive social interaction.

Young infants (birth-8 months) begin cognitive or intellectual learning through their interactions with caring adults in a secure environment. Some of their early learning includes becoming familiar with distance and space relationships, sounds, similarity and differences among things, and visual perspectives from various positions—front, back, under, and over.

Mobile infants (9-17 months) actively learn through trying things out; using objects as tools; comparing, imitating, looking for lost objects; and naming familiar objects, places, and people. By giving them opportunities to explore space, objects, and people and by sharing children's pleasure in discovery, adults can build children's confidence in their ability to learn and understand.

Toddlers (18-36 months) enter into a new and expansive phase of mental activity. They are beginning to think in words and symbols, remember, and imagine. Their curiosity leads them to try out materials in many ways, and adults can encourage this natural interest by providing a variety of new materials for experimentation. Adults can create a supportive social environment for learning by showing enthusiasm for children's individual discoveries and by helping them use words to describe and understand their experiences.

Examples

For example, the competent Candidate working with infant and toddlers:

Observes children's play frequently to assess their cognitive development and readiness for new learning opportunities.

Uses techniques and activities that stimulate children's curiosity, inventiveness, and problem-solving and communication skills.

Gives children time and space for extended concentrated play and adjusts routines and schedules for this purpose.

Frequently plays with infants.

Mobile Infants

*The competent Candidate working with **mobile infants** also, for example:*

Talks, sings, plays with, and reads to mobile infants.

Gives children more space to explore as they become more mobile.

Gives children many opportunities to figure out cause and effect, how things work.

Provides many experiences with moving, hiding, and changing objects.

Toddlers

*The competent Candidate working with **toddlers** also, for example:*

Encourages children to ask questions and seek help and responds to them in ways that extend their thinking; for example, "That's a good question; let's see if we can find out."

Asks questions that have more than one answer, encouraging children to wonder, guess, and talk about their ideas; for example, "What do you think might happen . . .?" or "How do you feel when. . . ?"

Encourages children to name objects and talk about their experiences and observations.

Provides opportunities to organize and group, compare and contrast thoughts, words, objects, and sensations.

Involves toddlers in projects (e.g., cooking, gardening, and repairing) when possible.

Reduces distractions and interruptions so that toddlers have opportunities to extend their attention span and work on one activity (e.g., block building or water play) for a long period of time.

Bilingual Specialization

*In addition, the competent Candidate working towards the **bilingual specialization**, for example:*

Provides learning experiences that lead to the understanding of basic concepts in the language most familiar to each child.

Encourages learning of both languages through everyday experiences and activities.

6. Functional Area: Communication

Candidate actively communicates with children and provides opportunities and support for children to understand, acquire, and use verbal and nonverbal means of communicating thoughts and feelings.

Developmental Context

Communication between people can take many forms, including spoken words or sounds, gestures, eye and body movements, and touch. Children need to understand verbal and nonverbal means of communicating thoughts, feelings, and ideas. Adults can help children develop their communication skills by encouraging communication and providing ample opportunity for children to listen, interact, and express themselves freely with other children and adults.

Young infants (birth-8 months) need adults who are attentive to their nonverbal and pre-verbal communication. Adults can provide better care when they respond sensitively to the individual signals of each infant. Infants' early babblings and cooings are important practice for later word expression. Infants' speech development is facilitated by an encouraging partner who responds to their beginning communications and who talks with them about themselves and their world.

Mobile infants (9-17 months) begin to jabber expressively, name familiar objects and people, and understand many words and phrases. Adults can build on this communication by showing an active interest in children's expressions, interpreting their first attempts at words, repeating and expanding on what they say, talking to them clearly, and telling simple stories.

Toddlers (18-36 months) increase their vocabularies and use of sentences daily. There is a wide range of normal language development during this time; some children are early, and some are late talkers. Adults should communicate actively with all toddlers—modeling good speech, listening to them carefully, and helping them with new words and phrases. Language should be used in a variety of pleasurable ways each day, including songs, stories, directions, comfort, conversations, information, and play.

For example, the competent Candidate working with infants and toddlers:

Has realistic expectations for each child's understanding and use of speech based on knowledge of language development and the individual child.

Talks often with individual children and stimulates conversation among children and with adults in the room.

Provides activities that encourage children to develop listening and comprehension skills.

Helps children connect word meaning(s) to experiences and real objects.

Recognizes, understands, and respects local speech patterns and idioms.

Respects the language of non-English-speaking families, encourages them to communicate freely with their children in the language parents prefer, and helps them find opportunities to learn English.

Is aware of the caregiver's role as a language model for children and uses affectionate and playful tones, clear speech, and responsive conversation.

Listens attentively to children, tries to understand what they want to communicate, and helps them to express themselves.

Shares children's communication/ language achievements with parents.

Uses a variety of songs, stories, books, and games—including those from the children's cultures—for language development.

Talks with children about special experiences and relationships in their families and home lives.

Recognizes possible impairments or delays that affect hearing and speech, helps families find resources, cooperates with treatment plans, and finds ways to communicate positively with these children.

Young Infants

*The competent Candidate working with **young infants** also, for example:*

Responds to the infant's cooing sounds and imitates them, encouraging a "conversation" in which the infant can often take the lead.

Talks to infants about what they can and see what is happening while giving physical care (e.g., diapering and feeding).

Talks with parents about the meaning of an infant's beginning communications (e.g., different kinds of crying).

Responds to infant's body signs and nonverbal cues that signal discomfort, excitement, pleasure, etc., and verbally describes the infant's feeling.

Sings to infants or uses voice in interesting ways that encourage infants to listen.

Mobile Infants

*The competent Candidate working with **mobile infants** also, for example:*

Responds enthusiastically to an infant's first words.

Uses gestures to demonstrate the meaning of words to infants.

Names and talks about infants' feelings, behaviors, activities, clothing, body parts, etc., to help expand their vocabularies.

Elaborates on children's short phrases to help them express intended meaning.

Toddlers

*The competent Candidate working with **toddlers** also, for example:*

Uses everyday conversations with children to enrich and expand their vocabulary.

Provides opportunities for children to represent their ideas nonverbally through activities (e.g., painting, music making, and creative movement).

Helps children learn, understand, and use words to express thoughts, ideas, questions, feelings, and physical needs.

Writes toddlers' "stories" and labels their drawings, showing the relationship between spoken and printed words.

Looks at picture books and magazines with children to stimulate talking.

Listens to taped stories using a variety of voices reflecting gender and culture differences.

Bilingual Specialization

*In addition, the competent Candidate working towards a **bilingual specialization**, for example:*

Demonstrates ability to understand, speak, read, and write in both languages.

Understands the principles and characteristics of bilingual language development in children and explains these to parents.

Assesses each child's language abilities and uses activities that are appropriate to the child's level of development in each language.

Helps children associate word meanings in both languages with familiar objects and experiences.

Encourages older toddlers who are fluent in either language to help less fluent children.

Helps parents understand the importance of children's learning the home language and culture and their role in providing experiences to meet this goal.

Helps parents understand the child's attempts at communication in a second language.

Allows children opportunities to express themselves in the language of their choice.

Encourages English-speaking children and families to learn a second language.

Uses lullabies, songs, games, stories, books, and fingerplays from both languages, asking parents for examples from their childhood.

Makes sure there are consistent language models for both languages used in the program, through selection and use of materials and personnel.

Takes an active role in labeling children's actions and surroundings in their home language and encourages children to use these words.

7. Functional Area: Creative

Candidate provides opportunities that stimulate children to play with sound, rhythm, language, materials, space, and ideas in individual ways and to express their creative abilities.

Developmental Context

All children are imaginative and have creative potential. They need opportunities to develop and express these capacities. Creative play serves many purposes for children in their cognitive, social, physical, and emotional development. Adults should support the development of children's creative impulses by respecting creative play and by providing a wide variety of activities and materials that encourage spontaneous expression and expand children's imagination.

Young and mobile infants (birth-17 months) are creative in their unique and individual ways of interacting with the world. Adults can support their creativity by respecting and enjoying the variety of ways very young children express themselves and act on their environment.

Toddlers (18-36 months) are interested in using materials to create their own product—sometimes to destroy and create it again or to move on. For example, they become absorbed in dipping a brush in paint and watching their stroke of color on paper. They use their voices and bodies creatively—swaying, chanting, and singing. They enjoy making up their own words and rhythms as well as learning traditional songs and rhymes. Adults can provide water, sand and other raw materials and opportunities for toddlers' creativity, and can show respect for what they do. Make-believe and pretend appear gradually, and adults can join in imaginative play, while helping toddlers distinguish between what is real and what is not.

Examples

For example, the competent Candidate working with infants and toddlers:

Recognizes that the process of creating is as important—and sometimes more important—than the product.

Understands that each child's creative expression is unique and does not encourage uniformity.

Allows time for spontaneous and extended play within the daily routine.

Includes a variety of music, art, literature, dance, role playing, celebrations, and other creative activities from the children's culture(s) in program activities.

Participates in make-believe games with children.

Models and encourages children's creativity in language; for example, through rhymes, imaginative stories, and nonsense words.

Provides unstructured materials (e.g., blocks, paint, clay, or musical instruments) that are appropriate for children at different ages.

Encourages thorough, repeated exploration of creative materials whenever possible; for example, by letting a block structure stand so that building can continue the next day or by letting one child play with soap suds for an extended period of time.

Models creativity by using homemade materials and found objects.

Helps parents understand the importance of creative expression in children's development and the need to provide children with opportunities for creative activities (e.g., storytelling, playing make-believe, using art materials).

Encourages children to try new and different activities.

Provides for "messy" activities with children (e.g., water and sand play, finger painting, and drawing with markers).

Young and Mobile Infants

*The competent Candidate working with **young and mobile infants** also, for example:*

Recognizes that exploration and discovery by infants through their movements, voice, and expression are creative acts.

Is alert and responsive to infants' initiatives to play, move, and use materials, gradually introducing new things to be combined and used in ways that infants can invent; for example, pieces of fabric of different colors and textures, rhythm instruments or objects that make different noises, assorted empty food containers.

Provides a variety of music and rhythm experiences for infants.

Shares infants' joy in a variety of ways—clapping, smiling, hugging— in order to encourage their spontaneity and creativity.

Toddlers

*The competent Candidate working with **toddlers** also, for example:*

Gradually introduces a variety of art materials, allows toddlers time to explore in their own ways, and shows interest in what they do.

Provides and rotates a variety of male and female dress-up clothes and other "props," including those from the children's culture(s).

Plays make-believe with each toddler, following the child's lead and taking care not to overstimulate or frighten the child.

Keeps informed about cultural resources in the community and uses them with children when possible.

Bilingual Specialization

*In addition, the competent Candidate working towards the **bilingual specialization**, for example:*

Helps children develop creative abilities through activities and discussion in both languages.

Helps children identify and imitate creative forms found in the art, music, and dance of both cultures.

To support social and emotional development and provide positive guidance

8. Functional Area: Self

Candidate provides physical and emotional security for each child and helps each child to know, accept, and take pride in himself or herself and to develop a sense of independence.

Developmental Context

All children need a physically and emotionally secure environment that supports their developing self-knowledge, self-control, and self-esteem and, at the same time, encourages respect for the feelings and rights of others. Knowing one's self includes knowing about one's body, feelings, and abilities. It also means identifying one's self as a girl or boy and a member of a family and a larger culturally community. Accepting and taking pride in one's self comes from experiencing success and being accepted by others as a unique individual. Self-esteem develops as children master new abilities, experience success as well as failure, and realize their effectiveness in handling increasingly challenging demands in their own ways.

Young infants (birth-8 months) during the first few weeks and months, begin to build a sense of self-confidence and security in an environment where they can trust that an adult will lovingly care for their needs. The adult is someone who is consistently available and feeds the child when hungry; keeps the child warm and comfortable; soothes the child when distressed; and provides interesting things to look at, taste, smell, feel, hear, and touch.

For mobile infants (9-17 months), a loving caregiver is a resource or "home base" who is readily available and provides warm physical comfort and a safe environment to explore and master. This emotional stability is essential for the development of self-confidence as well as language, physical, cognitive, and social growth.

Toddlers (18-36 months) become aware of many things about themselves, including their separateness from others. A sense of self and growing feelings of independence develop at the same time that toddlers realize the importance of parents and other caregivers. The healthy toddler's inner world is filled with conflicting feelings and ideas—independence and dependence, confidence and doubt, fear and power, hostility and love, anger and tenderness, aggression and passivity. The wide range of toddlers' feelings and actions

challenge the resourcefulness and knowledge of adults who provide them emotional security.

Examples

For example, the competent Candidate working with infants and toddlers:

Treats each child as an individual with his or her own strengths and needs and unique characteristics.

Is sensitive to differing cultural values and expectations concerning independence and expression of feelings.

Addresses each child by name, talks with each child every day, and encourages each child to call other children and adults by name.

Has affectionate and appropriate physical contact with each child daily in ways that convey love, affection, and security.

Helps children through periods of stress, separation, transition, and other crises.

Offers children, when possible, choices in activities, materials, and foods and respects their choices.

Encourages and helps children practice skills when eating, getting dressed, using toys and equipment, cleaning up, and helping others.

Gives one-to-one attention to each child as much as possible.

Enjoys children and directly expresses the enjoyment to them.

Delights in each child's success, expresses kindness and support when a child is having trouble, and helps him/her learn from mistakes.

Helps children recognize, label, and accept their feelings (e.g., joy, affection, anger, jealousy, sadness, and fear) and express feelings in culturally appropriate ways.

Models the recognition and expression of feelings by naming her/his own feelings while expressing them.

Provides many opportunities for all children, including those with handicaps, to feel effective, experience success, and gain the positive recognition of others.

Understands the effect of abuse and neglect on children's self-concept and works sensitively with such children.

Young Infants

*The competent Candidate working with **young infants** also, for example:*

Listens carefully to an infant's cry and makes decisions quickly and appropriately: allows an infant to cry briefly when settling into sleep, comforts an infant who is distressed, or feeds an infant who is hungry.

Provides appropriate affection using personal attention rather than food or "things."

Gently and pleasantly provides basic physical care—feeding, bathing, dressing, diapering—respecting the tempo and sensitivities of the baby.

Holds the infant close, allowing him/her to feel the caregiver's body warmth and heartbeat and to feel comfortable in the adult's arms.

Creates a personal relationship with each infant and knows the kind of cuddling, stroking, talking, and playing that brings comfort and good feelings to each individual infant.

Mobile Infants

*The competent Candidate with **mobile infants** also, for example:*

Removes the exploring infant from an obstacle that is too frustrating, comforts the child, and provides an alternative activity.

Recognizes periods when the child has difficulty separating from parents or is fearful of new adults and is supportive of the child.

Talks to child frequently about his/her family—where they are, when they will come back, and what they do together.

Communicates, with eyes and voice, attention and interest to an exploring child at a distance from the caregiver.

Welcomes a child who comes for nurturing with a loving voice, hugging, or stroking.

Toddlers

*The competent Candidate working with **toddlers** also, for example:*

Responds to toddler's intense feelings of love, joy, loneliness, anger, and disappointment with sympathetic attention.

Provides opportunities for toddlers to learn to help themselves (e.g., taking off jackets or pouring juice) and shares children's pleasure in new skills.

Helps the toddler understand his/her own feelings and express feelings in acceptable ways.

Supports child's developing awareness of him/herself as a member of a family and of an ethnic or social group by talking about families (using photographs, mirrors, or other appropriate objects) and by celebrating cultural events with children.

Uses simple books, pictures, stories, and discussion to help children identify positively with the events and experiences of their lives; for example, single-parent families, extended families, divorce, moving, or birth of siblings.

Bilingual Specialization

In addition, the competent Candidate working towards a ***bilingual specialization****, for example:*

Helps children feel good about themselves as speakers of each language.

Supports the child's attempt to use a second language.

Helps each child deal with the stress of separation, using the child's home language and a tone and style compatible with the family's heritage.

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9. Functional Area: Social

Candidate helps each child feel accepted in the group, helps children learn to communicate and get along with others, and encourages feelings of empathy and mutual respect among children and adults.

Developmental Context

Children need to develop social skills that help them work and play cooperatively and productively with other children and adults. To do this, children need to feel secure about themselves, appreciate other people, and enjoy positive social interaction.

Young infants (birth-8 months) enter the world with a capacity and a need for social contact. Yet each one is unique in styles of interacting and readiness for different kinds of interactions. Infants need both protective and stimulating social interactions with a few consistent, caring adults who get to know them as individuals. The adults' understanding responses to their signals increase infants' participation in social interactions and their ability to "read" the signals of others.

Mobile infants (9-17 months) are curious about others but need assistance and supervision in interacting with other children. They continue to need one or a few consistent adults as their most important social partner(s).

Toddler's (18-36 months) social awareness is much more complex than that of younger children. Toddlers can begin to understand that others have feelings too—sometimes similar to and sometimes different from their own. They imitate many of the social behaviors of other children and adults. As toddlers become increasingly interested in other children, adults should guide and support their interactions, recognizing that they continue to rely upon familiar adults for emotional stability.

Examples

For example, the competent Candidate working with infants and toddlers:

Learns about children's stages of social development and helps children and parents deal with such typical issues as separation anxiety, negative behavior, shyness, sexual identity, and making friends.

Has realistic expectations for young children's social behavior based on their level of development.

Serves as a social model by building a positive relationship with each child and parent and by maintaining positive relationships with other adults in the center.

Responds quickly and calmly to prevent children from hurting each other.

Helps children learn to respect the rights and possessions of others, in light of local expectations regarding sharing.

Encourages children to ask for, accept, and give help to one another.

Encourages children to make friends.

Helps the children become aware of their feelings and those of others by talking about feelings with each child.

Encourages children to express their feelings and assert their rights in socially acceptable ways.

Encourages play and relationships among all children across racial, language, ethnic, age, and gender groupings, including children with handicaps.

Young Infants

*The competent Candidate working with **young infants** also, for example:*

Recognizes that infants need a consistent social partner (caregiver) who is dependable, warm, and loving.

Responds to social gestures and noises of infants and elaborates appropriately, playing responsive social games.

Takes advantage of opportunities for social play during feeding, bathing, dressing, and other aspects of physical care.

Makes eye contact often.

Mobile Infants

*The competent Candidate working with **mobile infants** also, for example:*

Structures periods of time for social interaction with other children, remains available to protect, comfort, or facilitate, but does not interfere unless necessary.

Provides infants with opportunities to observe social interactions among older children and among adults.

Provides more than one attractive toy to minimize conflicts and waiting.

Engages in social play with children that supports their developing social skills (e.g., taking turns with a ball, conversing at mealtime, sharing a snack, putting toys away).

Encourages children to comfort and help each other.

Toddlers

*The competent Candidate working with **toddlers** also, for example:*

Encourages children to interact with each other in playful and caring ways.

Understands that sharing, taking turns, and playing with others is difficult for toddlers and encourages their attempts to use words to resolve conflicts.

Encourages cooperation rather than competition.

Helps toddlers understand that sometimes they must wait for attention because of other children's needs.

Bilingual Specialization

In addition, the competent Candidate working towards a ***bilingual specialization****, for example:*

Recognizes when social roles and expectations for children in their family setting are different from those of the child care program, and helps children behave appropriately in each.

Recognizes when culture conflicts arise and works jointly with parents to resolve them.

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10. Functional Area: Guidance

Candidate provides a supportive environment in which children can begin to learn and practice appropriate and acceptable behaviors as individuals and as a group.

Knowing what behavior is appropriate or acceptable in a situation is an important skill. Children develop this understanding when consistent limits and realistic expectations of their behavior are clearly and positively defined. Understanding and following simple rules can help children develop self-control. Children feel more secure when they know what is expected of them and when adult expectations realistically take into account each child's development and needs.

Young infants (birth-8 months) begin to adapt their rhythms of eating and sleeping to the expectations of their social environment through the gentle guidance of sensitive caregivers who meet their needs. The basic trust in adults and the environment that is established at this time directly affects the child's responsiveness to positive guidance later and promotes the development of self-discipline.

Mobile infants (9-17 months) want to do everything but they have little understanding about what is permissible and cannot remember rules. Adults can organize the environment in ways that clearly define limits and minimize conflicts. While respecting the child's experiments with saying "no," they can reinforce positive social interaction (e.g., hugging) and discourage negative behaviors (e.g, biting).

Toddlers (18-36 months) move through recurring phases of extreme dependence and independence as they gain new skills and awareness. They require an understanding caregiver who remains calm and supportive during their struggle to become independent. Adults must be resourceful in recognizing and encouraging self-reliant behavior while setting clear limits.

Examples

For example, the competent Candidate working with infants and toddlers:

Knows a variety of techniques for positive guidance (e.g., listening, reinforcement, and redirection) and uses each appropriately.

Relates guidance practices to knowledge of each child's personality and level of development.

Avoids negative methods (e.g., spanking, threatening, shouting, isolating, or shaming children).

Establishes guidelines for children's behavior that are simple, reasonable, and consistent to encourage self-control.

Establishes routines that are consistent and reliable, yet flexible to children's needs.

Alerts children to changes in activities or routines well in advance and handles transitions from one activity to another with clear directions and patience.

Is able to modify play when it becomes overstimulating for any of the children including children with handicapping conditions.

Builds a trusting relationship with children as a foundation for positive guidance and self-discipline.

Anticipates confrontations between children and defuses provocative behavior.

Addresses the problem behavior or situation rather than labeling the child involved.

Accepts children's sad or angry feelings, provides acceptable outlets for children to express them, and teaches words for feelings.

Helps parents develop realistic expectations for children's behavior in ways that help avoid disciplinary problems (e.g., discussing how long children can sit still).

Encourages parents to talk about childrearing, guidance, and self-discipline and refers them to classes, books, and other resources, as appropriate.

Knows parents' disciplinary methods and expectations and selects those appropriate for use in the center.

Recognizes that sometimes serious behavior problems are related to developmental or emotional problems and works cooperatively with parents towards solutions.

Is aware of each child's limitations and abilities, uses guidance techniques accordingly, and explains rules at child's level of understanding.

Young Infants

*The competent Candidate working with **young infants** also, for example:*

Creates an environment of love and trust through warmth and responsive caring.

Guides infants gradually into regular sleeping and eating patterns while remaining responsive to individual needs.

Responds to infants' needs for comfort and protection.

Mobile Infants

*The competent Candidate working with **mobile infants** also, for example:*

Provides children with a variety of positive options, focusing on what children can do.

Uses firm "no" only when necessary to maintain children's safety; moves the child or dangerous object, and gives a simple explanation.

Has realistic expectations about children's attention spans, interests, social abilities, and physical needs, including those of children with handicapping conditions.

Redirects children gently while explaining limits.

Gives children realistic choices and accepts the choices made; for example, "Do you want to read a book with me or play on the climber?" or "Shall we have the apples or bananas for snack today?"

Toddlers

*The competent Candidate working with **toddlers** also, for example:*

Lets toddlers solve some of their own problems.

Limits inappropriate behavior in ways that show respect and support for the toddler's sense of dignity.

Avoids power struggles with toddlers who say "no" or refuse to cooperate, by using redirection, distraction, acceptance, or active listening.

Explains the reasons for limits in simple words, demonstrating whenever possible.

Uses firm and friendly techniques (e.g., reminding and persuading) when rules are forgotten or disobeyed.

Uses positive language with children, for example, "walk" rather than "don't run."

Bilingual Specialization

In addition, the competent Candidate working towards a ***bilingual specialization****, for example:*

Uses the language in which each child understands expectations, limits, and guidance.

To establish positive and productive relationships with families

11. Functional Area: Families

Candidate maintains an open, friendly, and cooperative relationship with each child's family, encourages their involvement in the program, and supports the child's relationship with his or her family.

Developmental Context

Today's families take many different forms. Each family has primary responsibility for its own children, and parents may share this responsibility for their children with others. The parents and the caregiver become partners who communicate respectfully and openly for the mutual benefit of the children, the family, and the caregiver. Caregivers also recognize that parenthood, too, is a developmental process and that they can support parents in their role.

Young infants (birth-8 months) are establishing patterns of sleeping, waking, eating, playing, and social activity. They can be supported in developing some stability in these routines by the sensitive and consistent responses of adults. Parents and caregivers can respond more appropriately to the infant's signals when they share details with each other about the baby's day—sleeping, eating, diapering, playing activities, and moods.

Mobile infants (9-17 months) may have difficulty separating from the parents even when the caregiver is a familiar and trusted person. Caregivers and parents need to discuss ways of handling this, recognizing that it may be upsetting both for the adults and the child. Caregivers should recognize the potential for competition between themselves and parents and work to avoid it. Caregivers and parents also need to agree on reasonable and safe limits as children begin to explore and wander.

Toddlers (18-36 months) develop their own special routines and rituals in order to feel more organized and secure. It is essential that parents and caregivers share common understanding of the child's patterns and provide constant, dependable support for the toddler's growth towards self-definition.

Examples

For example, the competent Candidate working with infants and toddlers:

Recognizes that children's primary caregivers may be single mothers or fathers, both parents, stepparents, grandparents, uncles, aunts, sisters, brothers, foster parents, or guardians.

Helps parents understand the development of their child and understand the child's point of view.

Provides opportunities for parents and other family members to share their skills and talents in the program.

Recognizes that caregivers can support parents in their role.

Offers parents information about health and social services and other resources in the community.

Respects each family's cultural background, religious beliefs, and childrearing practices.

Observes strict confidentiality regarding children and families and makes parents aware of this policy.

Suggests activities and materials that parents can share with their children at home.

Encourages parents to talk about important family events and their children's special interests and behavior at home and shares information frequently with parents about the child's experiences in the center.

Is able to discuss problem behavior with parents in a constructive, supportive manner.

Supports parents in making arrangements for school or an alternative child care program when necessary.

Develops attachment towards children without competing with parents.

Encourages parents to visit the center, participate in activities, and make suggestions for the daily program.

Respects and tries to understand the parents' views when they differ from the program's goals or policies and attempts to resolve the differences.

Tells parents about children's achievements and shares their pleasure in new abilities.

Helps parents with separations from child, recognizing parents' possible concerns about leaving their child.

Supports children and families under stress, working cooperatively with other professionals, as appropriate.

Helps parents recognize their feelings and attitudes about handicapping conditions.

Helps parents identify resources to diagnose and treat children with handicapping conditions.

Helps parents obtain clear and understandable information about their children's special needs and information about the family's legal right to services.

Encourages and assists parents to communicate confidently about their children with government and other community agencies.

Young Infants

*The competent Candidate working with **young infants** also, for example:*

Supports parents in becoming involved observers of their infant.

Exchanges information regularly with parents about the child's life at home and in the center, including routines and changes in care, favorite activities, etc.

Responds with interest and information to concerns of parents about sleep, waking, feeding, or particulars related to infant's needs and development.

Shares parents' desire to understand meaning of baby's cries and to respond sensitively.

Makes suggestions to parents about how to stimulate infants' vision, touch, and hearing at home.

Mobile Infants

*The competent Candidate working with **mobile infants** also, for example:*

Recognizes the recurring stress of separation for child and parents and attempts to ease it for them.

Helps parents understand child's possible fear of strangers.

Helps parents to provide safe home environment for mobile infant.

Talks with parents of mobile infants about the beginning of independence and the child's use of the word "no."

Decides with parents what limits to set.

Suggests use of household items to provide a stimulating environment and to encourage the curiosity of mobile infants.

Toddlers

*The competent Candidate working with **toddlers** also, for example:*

Discusses child's rituals and routines with parents.

Discusses with parents the reasons for toddlers' emotional outbursts and negative behaviors and possible ways of handling them.

Explains the toddler's pride and interest in imitating adults and learning to use tools to make things.

Sends home projects made by the children.

Helps parents find ways to enjoy time with their toddlers and to help toddlers after time in group setting.

Coordinates toilet learning plans with parents and frequently communicates on child's progress.

Supports toddler's sense of belonging to his/her family.

Bilingual Specialization

*In addition, the competent Candidate working towards a **bilingual specialization**, for example:*

Regularly communicates, orally and in writing, with parents and children in their preferred language.

Helps parents understand the program goals for bilingual development.

Knows parents' views on such issues as the use of the home language within the program, childrearing, and biculturalism and incorporates their views into program planning.

Regularly communicates with parents about child's bilingual development and helps them find ways to support this within the family.

Support families' desires to communicate their language and cultural heritage to their children through cultural practices.

To ensure a well-run, purposeful program responsive to participant needs

12. Functional Area: Program Management

Candidate is a manager who uses all available resources to ensure an effective program operation. The Candidate is a competent organizer, planner, recordkeeper, communicator, and a cooperative co-worker.

Developmental Context

Running an effective program requires a systematic approach. A systematic approach means that the Candidate can determine the needs of her/his operation, families, and children; can make plans based on those needs; and can keep accurate records of needs, plans, and practices. Such a systematic approach should be applied to keeping records of attendance, fees, health status, and home visits. It should include specific plans for meeting the needs of children and their families and coordinating communication among involved adults through written information, meetings with parents and resource persons, and frequent informal discussion.

Examples

For example, the competent Candidate working with infants and toddlers:

Works with parents to identify the strengths and needs of each child.

Develops skills in observing and recording information about children and their families in a nonjudgmental manner; uses the information in the planning and implementation of the daily program.

Maintains up-to-date records concerning the growth, health, behavior, and progress of each child and the group, and shares the information with parents and appropriate center personnel.

Considers goals and objectives for each child and for the group as a whole and develops realistic plans responsive to the needs of all, including children with handicapping conditions.

Implements plans for each child by identifying developmentally and culturally appropriate activities and materials for each day.

Has a clear understanding of her/his responsibilities within the program.

Discusses issues that affect the program with appropriate staff and follows up on their resolution.

Works as a member of a team with others in the classroom and the program, including substitutes, parents, and volunteers.

Supports other staff by offering assistance and supervision when needed.

Makes or obtains materials and equipment appropriate to the developmental needs of the children.

Coordinates program plans (including guidance and discipline techniques) with parents, specialists, and program personnel, when appropriate.

Knows the language resources of each family and uses these in the program.

Works with appropriate staff to choose substitutes carefully, requiring experience with children of the same ages whenever possible.

Orients new or substitute caregivers and volunteers to routines and special needs and abilities of each child.

Implements procedures that help children make a smooth transition from one group to another.

Knows the social service, health, and education resources of the community and uses them when appropriate.

Recognizes possible developmental problems, works with parents and specialists to develop plans specific to the needs of each child, and implements recommended treatment by following up on referrals, and working with the family to meet goals for the child.

Establishes liaison with community services that respond to family violence (e.g., Parents Anonymous, Child Protective Services, and local shelter programs).

Bilingual Specialization

In addition, the competent Candidate working towards a ***bilingual specialization****, for example:*

Uses knowledge of language development and bilingualism to plan for each child and group.

Recognizes and helps others recognize the needs of children and families who speak a different language and operate in a different cultural context.

Makes use of available evaluation instruments in the non-English language.

Takes account of families' concerns about such issues as language usage and culturally different styles of relating.

Works with appropriate staff in choosing substitutes who meet the language needs of the children and program whenever possible.

To maintain a commitment to professionalism

13. Functional Area: Professionalism

Candidate makes decisions based on knowledge of early childhood theories and practices; promotes quality in child care services; and takes advantage of opportunities to improve competence, both for personal and professional growth and for the benefit of children and families.

Developmental Context

Professionals working with young children and their families make decisions based on knowledge of early childhood education and family life and demonstrate a commitment towards quality care for young children. The professional caregiver continues to set new goals and take advantage of training or educational experiences that will help her/him to grow more competent. Recognizing that the way they relate to one another directly affects the quality of child care and sets an example for children, adults in a child care setting work to resolve issues and problems among themselves cooperatively and respectfully. They also work together to educate the community at large about the needs of young children. The child care provider should develop relationships with other child care professionals and establish a network for information and support.

Examples

For example, the competent Candidate working with infants and toddlers:

Enjoys working with young children in a group setting and demonstrates a positive attitude in her/his role.

Understands the philosophy of the program and can describe its goals and objectives to others.

Continues to gain knowledge of physical, cognitive, language, emotional and social development as a basis for planning program goals.

Keeps all personal information about children and families confidential.

Continually evaluates own performance to identify needs for professional growth.

Participates in peer evaluation and is able to accept comments and criticism from colleagues, supervisors, and parents in a constructive way.

Takes advantage of opportunities for professional and personal development by joining appropriate professional organizations and attending meetings, training courses, and conferences.

Keeps informed about child care practices, research, legislation, and other developments in early childhood education.

Seeks information relevant to the needs of the children s/he is serving (e.g., information on infant development, bilingual development, children with handicapping conditions) from professional magazines, community colleges, community services, other caregivers, and community members.

Recognizes that caregiver fatigue, low morale, and lack of work satisfaction decrease effectiveness, and finds ways to meet her/his own needs and maintain energy and enthusiasm.

Works cooperatively with other staff members, accepts supervision, and helps promote a positive atmosphere in the center.

Learns about new laws and regulations affecting center care, children, and families.

Advocates quality services and rights for children and families.

Keeps abreast of current regulatory legislative and workforce issues that affect young children and families.

Works with other professionals and parents to develop effective strategies to communicate to decisionmakers the needs of children and families.

Develops the ability to state needs for additional resources for individual children or some aspect of the program.

Recognizes that special skills are necessary for working with children at different ages and developmental stages and seeks appropriate information and training.

Is aware that some of the normal developmental characteristics of children (e.g., crying, messiness, dependency, willfulness, negative behavior, curiosity about genital differences, etc.) often make adults uncomfortable. The caregiver can acknowledge these feelings in her/himself, co-workers, and parents while minimizing negative reactions toward children.

Seeks information about sexual abuse and child abuse and neglect, keeps up-to-date on laws and policies concerning reporting and treatment of abuse, and learns effective ways of working with affected children and families.

Bilingual Specialization

In addition, the competent Candidate working towards a ***bilingual specialization****, for example:*

Demonstrates ability to understand, speak, read, and write in both languages and uses these skills in all aspects of the program.

Increases knowledge about bilingual education by reading, attending workshops, and consulting professionals.

Maintains and works to increase fluency in her/his second language.

Consistently provides opportunities for all children to acquire a second language.

Promotes the effective functioning of the bilingual program by attempting to clarify issues relating to bilingualism and multiculturalism.

Advocates for children's and families' rights to use and develop their own language and culture.

PART IV

Appendix A

The Child Development Associate concept grew out of concern in the late 1960's with the rapid expansion of public and private child care programs serving children 5 years old and younger. During the decade of the 1960's, hundreds of Head Start centers had been established across the country to serve economically disadvantaged preschoolers, and the number of licensed day care centers had tripled, as many mothers returned to work. Although the number of children in care increased yearly, there was no concerted effort to monitor the quality of care children received. At the same time, major research studies stressed the importance of early childhood care to children's later development.

In 1970, the Administration on Children, Youth, and Families (ACYF) , of the Department of Health, Education and Welfare announced its commitment to improve the quality of child care by focusing on the competence of child care staff. In 1971, the agency convened a group of leaders in the early childhood/child development field to examine the idea of establishing professional recognition for competent child care personnel. The ACYF task force envisioned a nationally supported effort to:

•Identify basic competencies (or skills) needed by staff to provide competent care;

•Provide training for caregivers in these competencies; and

•Evaluate the work of caregivers on the basis of these national standards and recognize them with a national "credential" or award.

In 1972, several early childhood education/child development associations established a nonprofit consortium to develop and carry out a system for evaluating and credentialing child care workers on the basis of the competencies outlined by the federal task force. The Child Development Associate (CDA) Consortium refined the original competencies, developed a more detailed description of the skills needed to deliver quality care, and designed a system for assessing child care workers on the job.

Within 2 years, the organization had developed an assessment system for performance-based evaluation of child care workers serving 3 to 5 year olds in center-based programs, based on six Competency Standards. A 1974 field test was successful, and the assessment system was implemented the next year. The first CDA Credentials were awarded in July 1975. In 1979, bilingual Competency Standards and assessment requirements were added to the system so that CDA Candidates working in bilingual programs (Spanish/English) could demonstrate their special competence.

The CDA Consortium administered the program from its inception until 1979. The Child Development Associate National Credentialing Program (CDANCP), administered by Bank Street College of Education in New York under a grant from the Department of Health and Human Services, implemented CDA assessments until the Spring of 1985. During its tenure, the CDANCP undertook a major research project to investigate expansion of the CDA assessment system to caregivers in home visitor and family day care programs, as well as to center caregivers working with infants and toddlers and handicapped children. Field testing of requirements and competencies in the home visitor, family day care, and infant/toddler center-based programs was successful, and CDA assessment was made available to caregivers working in these settings between 1983 and 1985.

In the spring of 1985, the National Association for the Education of Young Children (NAEYC) entered into a 42-month cooperative agreement with the Administration for Children, Youth and Families (ACYF) and assumed responsibility for management of the CDA Program. NAEYC set up a separate non-profit corporation entitled, "The Council for Early Childhood Professional Recognition," (The Council) to serve as the national CDA body with responsibility to administer the CDA Program. The Council took full responsibility on September 1, 1985.

Under the auspices of the Council, 3 years of nationwide study and review were conducted in the interest of making the CDA program more accessible, affordable and credible. The procedures for assessment were revised and national standards for the delivery of CDA training were established.

CDA Training

The training component of the CDA effort has been funded and administered separately from assessment and credentialing responsibilities since the beginning of the project. In 1973, ACYF funded 13 pilot training programs to develop performance-based training designed to help caregivers master the CDA competencies. At the same time, Head Start Supplementary Training was converted to a CDA orientation, with colleges and universities across the country participating in this effort.

Today, field-based CDA training is conducted by child care programs, Head Start centers, independent consultants, and more than 300 colleges and universities. The Council also administers a one-year program: the CDA Professional Preparation Program (CDA P_3).

Individuals can become CDAs by participating in a variety of training experiences for early childhood staff in their local community. Once trained they can apply to the Council for assessment according to national standards and procedures.

Appendix B

Glossary of CDA Terms

Advisor. A professional in early childhood education who observes the Candidate at work and prepares an observation report.

Application (or Direct Assessment Application Form). A form that notifies the Council that a CDA Candidate is ready for assessment. After the Candidate and Advisor have completed their information collection responsibilities, the Candidate fills out all parts of the application form. Both the Candidate and Advisor will sign it and mail it to the Council. After receiving the application form, the Council assigns a Council Representative who will make a Verification Visit.

Assessment System. The process by which a caregiver's competence is evaluated by the Council. The **CDA Assessment System** includes these stages: (1) inquiry; (2) collection of documentation; (3) application; (4) verification visit; (5) credential award; and (6) credential renewal.

Bilingual Program. A Bilingual program is one which has specific goals for achieving bilingual development in children; where two languages are consistently used in daily activities; and where parents are helped to understand the goals and to support children's bilingual development.

Candidate. An individual who has applied for CDA assessment and who has met all eligibility requirements. A CDA Candidate coordinates the information collection responsibility of the Advisor and ensures that parent/opinion questionnaires have been distributed and collected. The Candidate also participates in the Verification Visit with the Council Representative.

Candidate Number. A number assigned to each CDA Candidate by the Council to identify and organize all information concerning the Candidate's assessment. When calling or writing to the Council concerning a CDA Candidate or assessment, please refer to the **Candidate number,** which is the same as the individual's social security number.

CDA. Child Development Associate. An individual who has successfully completed a CDA assessment and who has been awarded the CDA Credential. A CDA is a person who is able to meet the specific needs of children and who, with parents and other adults, works to nurture children's physical, social, emotional, and intellectual growth in a child development framework. The CDA conducts her/himself in an ethical manner. The CDA has demonstrated competence in the CDA competency goals through her/his work in a center-based, home visitor, or family day care program. A person who has demonstrated bilingual competence in a bilingual child care program is a CDA with a bilingual specialization.

CDA Consortium. The **CDA Consortium** was established in 1972 as an organization of national professional associations concerned with ensuring the competence of staff in child development programs. The Consortium developed the original CDA Competency Standards and the system for assessing individuals working in center-based programs with 3-5 year olds. The organization administered CDA assessments from 1975 to 1979. The CDA Consortium is no longer operating.

CDA Observation Instrument. The official form used by Advisors to record observations of the Candidate in the 13 functional areas.

CDA Training. Programs that guide, teach, and support individuals interested in a CDA assessment offered by child care programs, individuals, and colleges and universities. The CDA assessment system requires educational experiences in early childhood/child development, but these do not have to be **CDA training** experiences. Whether or not an individual is enrolled in CDA training does not affect eligibility for an assessment.

Center-based. One of the settings a Candidate may choose for CDA assessment. A **center-based** setting for CDA assessment is defined as a "State-approved child development center." When a Candidate chooses to be assessed in a center-based settings, s/he uses the Competency Standards, eligibility requirements, and information collection requirements designed for that setting.

Clock Hour. 60 minutes.

Code of Ethical Conduct. Standards of ethical behavior developed for the early childhood profession by the National Association for the Education of Young Children.

Cognitive. Cognitive development is the growth of understanding and knowledge. It is sometimes described as intellectual development.

Competence. Skill or ability to do something well.

Competency Goals. General statements of competence that a caregiver should work towards. There are **six CDA competency goals:** I. To establish and maintain a safe, healthy learning environment; II. To advance physical and intellectual competence; III. To support social and emotional development and provide positive guidance; IV. To establish positive and productive relationships with families; V. To ensure a well-run, purposeful program responsive to participant needs; and VI. To maintain a commitment to professionalism.

Competency Standards. Criteria that define the goals and skills that a competent child care provider or home visitor should demonstrate in working with young children. The **Competency Standards** consists of 6 goals, 13 functional areas, and examples of competent behavior. They were developed and validated by the early childhood profession and approved by the CDA Consortium.

Conflict of Interest. A relationship that may interfere with an Advisor's ability to be objective in assessing a Candidate. The Advisor:

1. *Must not be working as co-teacher with the Candidate on a daily basis in the room or group where the Candidate will be observed.*

2. *Must not be a relative of a child in the Candidate's care at any time between information collection and the Verification Visit.*

3. *Must not be related by blood or marriage, or other legal relationship to the Candidate.*

Contact Hours. The hours that a home visitor spends working with the families in their homes. Home visitor applicants must have had at least 480 **contact hours** of experience with families in a home visitor program.

Council Representative. A professional in early childhood education, trained and endorsed by the Council to conduct a verification visit for a CDA Candidate.

Credential. A written document from an authorizing body showing that a person has met certain standards. The CDA Credential is awarded by the Council to caregivers who have demonstrated competence in the CDA Competency Standards during the CDA assessment process.

Developmental Context. The CDA Competency Standards include a **developmental context** for each of the 13 functional areas. It includes a brief summary of children's development and a context for a caregiver's work with children at the different stages of development.

Direct Assessment Application Form. See Application.

Early Childhood Studies Review. The CDA written examination.

Eligibility Requirements. Requirements that individuals must meet in order to participate in the CDA Assessment process. **Eligibility requirements for the Advisor and Council Rep are listed respectively in Appendix C and D of this book.**

Endorsement. An applicant for CDA assessment in a center-based setting must choose one endorsement for assessment. The age of the children the Candidate works with determines whether the endorsement is preschool (3 through 5 years) or infant/toddler (birth to age 36 months). Family day care providers and home visitors are assessed on their work with the families and children in their care who may range in age from birth through 5 years.

Expansion. Activities carried out to make the CDA Credential available to groups of child care workers not presently eligible. Between 1980 and 1985, expansion work was completed on standards and assessment systems for home visitors, caregivers working with infants and toddlers, and family day care providers.

Family Day Care. One of the settings a Candidate may choose for CDA assessment. A family day care setting for CDA assessment is defined as a family day care home that meets at least the minimum level of applicable state and local regulations, where a Candidate can be observed working as a primary caregiver with at least two children 5 years old or younger who are not related to the Candidate by blood or marriage or other legal relationship.

Formal Education. Child care training/preparation for work with children and families. A CDA Applicant must have completed 120 clock hours of such preparation. The CDA Candidate must have had comprehensive instruction in early childhood education/child development in eight (8) subject areas.

Functional Area. A category of responsibility that defines a caregiver's role in relation to children. The six CDA competency goals are divided in 13 **functional areas** defined by the following key words: Safe, Healthy, Learning Environment, Physical, Cognitive, Communication, Creative, Self, Social, Guidance, Families, Program Management, and Professionalism. Each functional area is defined by a sentence that summarizes competent caregiver behavior.

Home Visitor. One of the settings a Candidate may choose for CDA assessment. A **home visitor** setting is defined as an established program of home visits to families to work with children 5 years old or younger and to support parents in meeting the needs of their young children. In this setting, regular home visits are the primary method of program delivery. When a Candidate chooses to be assessed in a home visitor setting, s/he uses the Competency Standards, eligibility requirements, and information collection responsibilities designed for that setting.

Oral Interview. A situation-based assessment of the Candidate's knowledge of the 13 Functional Areas.

Professional Resource File. A collection of materials early childhood professionals use in their work with young children and families. It is divided into three parts: (1) Autobiography, (2) Statements of Competence, and (3) Resource Collection.

Renewal. The process of revalidating a CDA Credential when it expires. The CDA Credential is valid for 3 years from the date of award. At the end of that period, a CDA can apply for renewal of the Credential. When renewal is granted, the Credential becomes valid for an additional 5 years.

Setting. The type of child care program in which a CDA Candidate's performance is evaluated. An applicant for a CDA assessment chooses one of the following settings: center-based program, family day care program, or home visitor program. The CDA Competency Standards, eligibility requirements, and information collection responsibilities are different for each setting.

Specialization. An applicant for CDA assessment has an option to be assessed for a bilingual specialization. The applicant must work in a program where the two languages and cultures are used consistently with adults and children. The applicant must also be able to speak, read, and write both Spanish and English.

Supplemental Observation Form. Documentation of Candidate interacting with children in the age range not represented during the initial observation. Supplemental observations are applicable only to Infant/Toddler Candidates.

Trainer. A child development/child care specialist who teaches classes, conducts workshops, models activities with children and families, or works with caregivers individually to improve their skills. Many child care programs have staff or consultants who work as CDA trainers. Sometimes a trainer may become a Candidate's CDA Advisor. However, a Candidate is not required to choose a CDA trainer as the CDA Advisor.

Waiver(s). Certain eligibility information collection requirements for Candidates and Advisors may be suspended by the Council. Each request must be submitted on the Waiver Request Form located at the end of Part II of this manual.

Appendix C

Advisor Eligibility Requirements

The Advisor must meet the following eligibility requirements and provide verifications on the Candidate's Application Form:

A. Personal

Affirm her/his ability to relate to people of various racial, ethnic, and socioeconomic backgrounds.

Be knowledgeable about local, state, and national requirements, standards, and guidelines for child care programs serving children ages birth through 5 years.

Be familiar with the center where the Candidate will be observed and the needs of families and children in the community.

B. Education and Experience

The Advisor must meet all of the requirements in one of the three combinations of education and experience outlined in sections 1, 2, or 3 below:

1

•B.A., B.S., or advanced degree in early childhood education/child development, home economics/child development, from an accredited college or university. Must include 12 semester hours covering children ages birth through 5 years.

Two years of experience in a child care setting serving children ages birth to 3 years, including:
1 year working directly with children as a caregiver, teacher, child life worker, social worker, or similar role; and
1 year of responsibility for the professional growth of another adult.

2

•Associate level (2 year) degree in early childhood education/child development, home economics/child development, from an accredited college or university. Must include 12 semester hours covering children ages birth through 5 years.

Four years of experience in a child care setting in a program serving children ages birth to 3 years, including:
2 years of experience working directly with children as a caregiver, teacher, child life worker, social worker, or similar role; and
2 years of responsibility for the professional growth of another adult.

3

•A CDA Credential

Twelve semester hours of study in early childhood education or child development at an accredited college or university covering children ages birth through 5 years.

Six years of experience in a child care setting serving children ages birth to 3 years, including:
4 years working directly with children as a caregiver, teacher, child life worker, social worker, or similar role; and
2 years of responsibility for the professional growth of another adult.

Bilingual Specialization

In addition to meeting the requirements listed in sections 1, 2, or 3, an Advisor for Bilingual Specialization Assessment must meet the following requirements:

Be able to speak, read, and write Spanish and English well enough to understand and be understood by both children and adults.

Have had direct experience with bilingual early childhood programs and with non-English-speaking populations.

Conflict of Interest

To promote objectivity and credibility, an individual serving as an Advisor:

1. Must not be working as co-teacher with the Candidate on a daily basis in the same room or group.

2. Must not be the relative of a child in the Candidate's care at any time during the assessment process.

3. Must not be related by blood or marriage or other legal relationship to the Candidate.

Waivers

The Council will consider waiving certain education and training requirements if an individual provides a written explanation and documentation of alternative formal and informal training related to early childhood education/child development and experience in early childhood teacher preparation.

Waiver petitions must be documented on the Waiver Petition Form provided on page 34.

Appendix D

Council Representative Requirements

To conduct assessments as a Council Representative, an individual must meet the following criteria:

I. EDUCATIONAL BACKGROUND

Hold a Baccalaureate or Associate degree (or advanced degree) from an accredited college or university in one of the following disciplines:

* **Early Childhood Education/Child Development**
* **Elementary Education/Early Childhood Education**
* **Home Economics/Child Development**

The degree must include, at minimum, **18 semester or 24 quarter hours of course work specific to** children birth through five years, with 2 courses in infant/toddler development.

II. PRACTICAL EXPERIENCE

Option A.

For those with a BACCALAUREATE DEGREE, **TWO** years in a child care setting serving children from birth to three years of age, to include: **One year** working directly with children as a caregiver, teacher, child life worker, social worker, or similar role, **AND One year** facilitating the professional growth of at least one other adult.

Option B.

For those with an ASSOCIATE DEGREE, **FOUR YEARS** in a child care setting serving children from birth to three years of age, to include: **Two years** working directly with children as a caregiver, teacher, child life worker, social worker, or similar role, **AND Two years** facilitating the professional growth of at least one other adult.

III. WAIVERS

A variety of experiences, such as teaching college coursework, may be submitted to document expertise in infant/toddler care. All such substitutions should be submitted in writing for Council approval.

WHAT do I have to do to become a CDA?

- ✓ *Select an early childhood education professional to observe my work with children*
- ✓ *Ask the parents of the children with whom I work to complete a questionnaire about my skills*
- ✓ *Write about my goals for children and what I do to achieve them*
- ✓ *Compile a file of professional resources I use in my daily work*
- ✓ *Take a written examination about principles of developmentally appropriate practice*
- ✓ *Participate in an interview about my practices with children and families*

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